

525 B Street San Diego, CA 92101 619-744-6000

Mailing Address P.O. Box 85826 San Diego, CA 92186-5826

October 16, 2009

Mr. Andrew Taylor Case Developer United States Environmental Protection Agency 75 Hawthorne Street, SFD-7-5 San Francisco, CA 94105

Re:

104(e) Request for Information – San Fernando Valley Area 2 Superfund Site Excello Plating Company Facility Located at 4057 Goodwin Avenue, Los Angeles, California

Dear Mr. Taylor:

I am responding on behalf of Mr. Pete McPartland to the information you requested in your letter dated September 14. Please call me if you have any questions.

Sincerely,

Michael Teng

Underwriting Vice President

(619) 744-6022

Confidential

Michael Teng
 Golden Eagle Insurance Corporation, 525 B. Street, San Diego, CA 92101
 (619) 744-6022
 Underwriting Vice President, 1.5 years
 Note: Golden Eagle Insurance Corporation is the claims administrator for Golden
 Eagle Insurance Company which is now in liquidation

- 2. There are three insurance coverage periods for Excello. Attachment A is the policy covering the period 11/11/91 to 11/11/92; attachment B covers 11/11/92 to 11/11/93; attachment C covers 11/11/93 to 11/11/94.
- 3. For documents related to coverage periods 11/11/91-11/11/92 and 11/11/92-11/11/93, see attachment D. For coverage period 11/11/93-11/11/94, see attachment E.
- 4. We are not aware of any claims made against any of these policies.
- 5. None.
- 6. All such information, if any, are contained in #2 and #3 above.
- 7. The broker that placed the insurance for coverage periods 11/11/91-11/11/92 and 11/11/92-11/11/93 was Gray-Stone & Company. The broker placing the coverage for the 11/11/93-11/11/94 was R.E. Lee Intermediaries. The correspondence in #3 above include letters and memos drafted by various individuals in these two brokerage firms, although we have no records indicating these individuals are the official broker of record for Excello.
- 8. We are not aware of any claims made against any of these policies.
- 9. We are not aware of any claims made against any of these policies.
- 10. See #3 above.
- 11. None.
- 12. None.
- 13. None.

CUMMON POLICY DECLARATIONS WESTERN GOLDEN EAGLE INSURANCE COMPANY

CCP 16 73 12 POLICY NO. (

RENEWS

NEW

FIRST NAMED INSURED:

EXCELLO PLATING COMPANY

MAILING ADDRESS:

4057 GOODWIN AVENUE LOS ANGELES, CA 90032

POLICY PERIOD: FROM: NOVEMBER 11, 1991

NOVEMBER 11, 1992

(12:01 A.M. Standard Time at your mailing address shown above)

BUSINESS DESCRIPTION:

CHROME & NICKEL

AGENT OR BROKER:

GRAY-STONE & COMPANY

PLATING

CODE:

2912

NAMED INSURED ENTITY: CORPORATION

TOWN AND STATE: WOODLAND HILLS, CA

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

> THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

Boiler and Machinery Coverage Part Commercial Auto Coverage Part Commercial Crime Coverage Part Commercial General Liability Coverage Part

Commercial Inland Marine Coverage Part Commercial Property Coverage Part

Farm Coverage Part

\$ NOT COVERED \$ NOT COVERED \$ NOT COVERED

\$ 2,158. \$ NOT COVERED

\$ 2,003.

NOT COVERED

Installment Charge

\$

\$ 4,161. + TOTAL CIGA 21.

Premium shown is payable: AT INCEPTION

Forms applicable to all Coverage Parts:

GECPD802-A(0788) GECPD910(0689) IL0017(1185) IL0003(0689) IL0021(1185) IL0270(0388)

COUNTERSIGNED:

GE CPD 802 (02-89)

(Date)

BY:

(Authorized Representative)

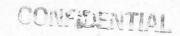
21/178/SKC/12-13-91

REINSURANCE LAYOFF SHEET CONFIDENTIAL

INSURED:	cello F	lating		PO	LICY NO.:	CP/673/2
RE INS EFF DATE:	-11-41	POLICY TE	RM:	-11 -91	1_1/-1	1-92
SUBJECT OF REINS:	BLDG <u>X</u> CO	ONTS X	TIME ELEMEN	TIM _	DOL	
PERILS:	HREX	EQ 4 F	7			
KEY LOCATION:	1057 Gc	dwin	the	Lis Hay	elv , CF	7
*TIV AT KEY: 76						
*TSI: Same				EXCI		
TREATY/RE INS CO		% PART	% COMM	GR PRE	OSS MIUM	CERT NO.
TOTALS: *TIV = TOTAL INSURED VALUE *TSI = TOTAL SUM INSURED CASUALTY:	7/do, CCO	162				
GENERAL LIAB	PROD/COMP	OPSA	NUTO BI/PD _	GARAGE L	IABEXC	CESS LIAB.
AUTO PHY DAMAGE	GKLL C	QUOTA SHARE	EXC	ESS OF LOSS		
TREATY/RE INS CO		LIMITS		% COMM	GROSS PREMIUM	CERT. NO.
GROSS PREMIUM: Net Pro	emium:	\$,			
Divide	by; Gross Premium:	_		%		
Equals	CHOSS FREMIUM:	T)				

POLICY NO: 60/167312
EFFECTIVE: 11-11-91
NAMED INSURED: Exertly Plating
THE FOLLOWING DEDUCTIBLES APPLY:
BUILDING:
CONTENTS: 1000
INLAND MARINE:
GLASS:
SIGNS:
LIABILITY: 500 PB per claim
GARAGEKEEPERS LEGAL - COMP:
COLL:
DEALERS PHYSICAL DAMAGE - COMP:
COLL:
CRIME - EMPLOYEE DISHONESTY:
DEPOSITORS FORGERY:
COVERAGE "C":
COVERAGE "D":
OTHER:
AUTO - LIABILITY:
PHYSICAL DAMAGE - COMP:
COLL:

COMMERCIAL PROPERTY COVERAGE PART SUPPLEMENTAL DECLARATIONS **GOLDEN EAGLE INSURANCE COMPANY**



POLICY NO:

CCP 16 73 12

EFFECTIVE DATE:

NOVEMBER 11, 1991

12:01 A.M., Standard Time

NAMED INSURED:

EXCELLO PLATING COMPANY

AGENT OR BROKER CODE: 2912

DESCRIPTION OF PREMISES

PREM. NO. BLDG. NO. LOCATION

CONSTRUCTION AND OCCUPANCY

4057 GOODWIN AVENUE LOS ANGELES, CA

MASONRY - CHROME & NICKEL PLATING

COVERAGES PROVIDED—Insurance at the described premises applies only for coverages for which a limit of insurance is shown.

PREM. NO. BLDG. NO. COVERAGE

LIMIT OF INSURANCE

COVERED CAUSES OF LOSS

DEDUCTIBLE COINSURANCE**

1

BUSINESS PERSONAL

\$566,000.

SPECIAL FORM

\$1,000.

90%

1 PROPERTY

\$200,000. BUSINESS INCOME

SPECIAL FORM

NIL

NIL

**IF EXTRA EXPENSE COVERAGE, LIMITS ON LOSS PAYMENT

OPTIONAL COVERAGES-Applicable only when entries are made in the schedule below.

PREM. NO.

BLDG. NO.

AGREED VALUE

EXPIRATION DATE

COVERAGE

AMOUNT

REPLACEMENT COST (X)

BUILDING

PERSONAL PROPERTY

INCLUDING "STOCK"

INFLATION GUARD (Percentage)

PERSONAL PROPERTY BUILDING

*MONTHLY LIMIT OF INDEMNITY (Fraction) *MAXIMUM PERIOD OF INDEMNITY (X)

*EXTENDED PERIOD OF INDEMNITY (Days)

1

1

1/4

*APPLIES TO BUSINESS INCOME ONLY.

MORTGAGE HOLDERS

PREM. NO. BLDG. NO.

MORTGAGE HOLDER NAME AND MAILING ADDRESS

FORMS APPLICABLE TO SPECIFIC PREMISES/COVERAGES

PREM. NO. BLDG. NO. COVERAGES

FORM NUMBER

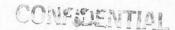
COMMERCIAL PROPERTY

-GF175(0186) CP0010(1090) CP0090(0788) CP0121(0788) GECP805(1089) CP0299(1185) CP1030(1090) CP0030(1090)

These Declarations when combined with the common policy declarations, the common policy conditions, coverage form(s) and endorsements, if any issued to form a part thereof, complete the contract of insurance.

GE CP 801 (08-89)

COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS OCCURRENCE FORM GOLDEN EAGLE INSURANCE COMPANY



EFFECTIVE DATE: NOVEMBER 11, 1991

12:01 A.M., Standard Time

NAMED INSURED:

EXCELLO PLATING COMPANY

AGENT OR BROKER CODE: 2912

LIMITS OF INSURANCE

POLICY NO .: CCP 16 73 12

General Aggregate Limit (Other Than Products—Completed Operations) Products—Completed Operations Aggregate Limit Personal and Advertising Injury Limit

Each Occurrence Limit Fire Damage Limit

Medical Expense Limit

\$1,000,000.

\$ EXCLUDED \$1,000,000.

\$1,000,000.

50,000. \$ 5,000.

Any One Fire Any One Person

LOCATION OF PREMISES

Location of All Premises You Own, Rent or Occupy:

4057 GOODWIN AVENUE LOS ANGELES, CA

PREMIUM		Premium Basis		Rate	Advar	nce Premium
Classification	Code No.	and Exposure	Pr/Co	All Other	Pr/Co	All Other
					\$	\$
ELECTROPLATING	52547	S)600,000.	EXCL.	3.479	EXCL	2,087.
ENDORSEMENT PREMIUM						71.

Total Advance Premium \$

EXCL. S

2,158.

FORMS AND ENDORSEMENTS (other than applicable Forms and Endorsements shown elsewhere in the policy) Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:

GECG801A(0891)_CL175(0286) CG0001(1188) GECG806(1088) GECG824(0289) GECG825(0189) GECG828(0188) CG0300(1185) CG2011(1185) CG2104(1185)

These Declarations when combined with the common policy declarations, the common policy conditions, coverage form(s) and endorsements, if any, issued to form a part thereof, complete the contract of insurance.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CG 03 00 11 85

DEDUCTIBLE LIABILITY INSURANCE



This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Coverage	Amount and Basis of Deductible				
Bodily Injury Liability Property Damage Liability Bodily Injury Liability and Property	-	IL IL	per claim per occurrence		
Property Damage Liability		00. IL	per claim per occurrence		
Bodily Injury Liability and Property Damage Liability Combined		IL IL	per claim per occurrence		

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

APPLICATION OF ENDORSEMENT (Enter below any limitations on the application of this endorsement. If no limitation is entered, the deductibles apply to damages for all "bodily injury" and "property damage", however caused):—

- 1. Our obligation under the Bodily Injury Liability and Property Damage Liability Coverages to pay damages on your behalf applies only to the amount of damages in excess of any deductible amounts stated in the Schedule above as applicable to such coverages, and the limits of insurance applicable to "each occurrence" for such coverages will be reduced by the amount of such deductible. "Aggregate" limits for such coverages shall not be reduced by the application of such deductible amount.
- 2. The deductible amounts stated in the Schedule apply as follows:
 - A. PER CLAIM BASIS—if the deductible is on a "per claim" basis, the deductible amount applies:
 - 1. Under the Bodily Injury Liability or Property Damage Liability Coverage, respectively:
 - a. To all damages because of "bodily injury" sustained by one person, or
 - To all damages because of "property damage" sustained by one person or organization,

as the result of any one "occurrence".

2. Under Bodily Injury Liability and Property

Damage Liability Coverage combined to all damages because of "bodily injury" and "property damage" sustained by one person or organization as the result of any one "occurrence".

- B. PER OCCURRENCE BASIS—if the deductible is on a "per occurrence" basis, the deductible amount applies:
 - 1. Under the Bodily Injury Liability or Property Damage Liability Coverage, respectively:
 - a. To all damages because of "bodily injury" as the result of any one "occurrence", or
 - b. To all damages because of "property damage" as the result of any one "occurrence".

regardless of the number of persons or organizations who sustain damages because of that "occurrence".

2. Under Bodily Injury Liability and Property Damage Liability Coverage combined to all damages because of "bodily injury" and "property damage" as the result of any one





THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

CG 20 11 11 85

ADDITIONAL INSURED-MANAGERS OR LESSORS OF PREMISES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

1. Designation of Premises (Part Leased to You): 4057 GOODWIN AVENUE

LOS ANGELES, CA 90032

2. Name of Person or Organization (Additional Insured): SPINITO FAMILY TRUST

GILDA ELANGSTAN AS TRUSTEE 896 NO. RAYMOND

3. Additional Premium: 71.

PASADENA, CA 91103

(If no entry appears above, the information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

- 1. Any "occurrence" which takes place after you cease to be a tenant in that premises.
- 2. Structural alterations, new construction or demolition operations performed by or on behalf of the person or organization shown in the Schedule.





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Batch #	Docum	ent #	Tran		Policy Prefix	P	olicy Num	ber	Cert		Effective MO D	Date of T	rans YEAR	Expiration Day	te of Policy YEAR
	19.	20	2	0	CIP	16	7.3	1/12	61		1111	11	1912	11111	11913
Branch Office	Producer		Branch Office	Sub-	Producer		Special	n	State	Туре	Insured Nam	ne & Addi	ress		
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Doine	Line Coverag	s s	tatistical	Premium		Co	omm ate		Class		Limit	Ded	Zip Code Risk Location	Exposure Type	Exposure Units
31/5	216 010		20	1013	010	15			34	71	01/12	610	0101312		
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Collection Premium POLICY CODING WORKSHEET Premium Payment Plan See Reverse Policy Prefix Effective Date of Trans
MO DAY YEAR Expiration Date of Policy
MO DAY YEAR Batch # Document # Policy Number Branch Office Branch Office Special Program Sub-Produce Insured Name & Address Producer State RE Zip Code Risk Location Exposure Type Exposure Units Reins Class Ded Group co TOTAL PREMIUM Comm Rate Assuming Company Limit Zip Code Class Contract Line Cov Ceded Premium Group

TOTAL REINSURANCE PREMIUM MARIA GARCIA

Pro Rata Reinsurance_____ % of \$_

DEC 0 9 1991

Excess Reinsurance \$ _____ XS of \$ _

GULDEN EAGLE INSURANCE COMPAN

RENEWAL CERTIFICATE

			POLICY NO.:	CACIT.	-10/312
			RENEWAL CE	ERTIFICA	ATE #:01
			PRODUCER:	GRAY-	-STONE & COMPANY
			CODE:	01-0	2912
FIRST NAMED INSURED:	EXCELLO PLATING COMPANY				
MAILING ADDRESS:	4057 GOODWIN AVENUE LOS ANGELES, CA 90032				
RENEWAL POLICY PERIOR	D FROM: 11 NOV 92 (12:01 A.M. Standard Time at you	r mailing add	10.	l NOV 9	93
IN RETURN FOR THE PAYM WE AGREE WITH YOU TO F	IENT OF THE PREMIUM, AND SUI EXTEND THE INSURANCE AS STA	BJECT TO AL	L OF THE TER	MS OF T	HE EXPIRING POLICY,
THE RENEWA	AL CERTIFICATE CONSISTS OF	F THE FOL	LOWING COVI	ERAGE	
	DICATED. PREMIUM MAY BE SU				
☐ Commerc ☐ Commerc ☐ Commerc	sial Auto Coverage Part sial Crime Coverage Part sial General Liability Coverage sial Inland Marine Coverage Pa sial Property Coverage Part erage Part			\$ \$ \$ \$ \$ \$ \$ \$	NOT COVERED NOT COVERED 2,158. NOT COVERED 2,003. NOT COVERED
Installment Charge			TO	\$ FAL \$	4,161.
			101	IAL D	79 3.0 3.0
As amended by revise	sements issued prior to the ef			sion.	
	92) CP1260(1091)				
DELETED: CF175(0186)				
AMENDED:					
OOLWITE POLO:		Lacion			
COUNTERSIGNED: (Date		BY:	(Authorized I	Represe	entative)
21/159/BP/13 JAN 93					



GOLDEN EAGLE INSURANCE COMPANY

7175 Navajo Road • San Diego, California 92119-1642 • (619) 463-5800 Mailing Address: P.O. Box 85826 • San Diego, California 92186-5826 FAX: (619) 460-8860

SPECIAL BILLING

DATE: 13 JAN 93

PRODUCER: GRAY-STONE & COMPANY

ADDRESS:

P.O. BOX 889

WOODLAND HILLS, CA 91365

01-02912

NAMED INSURED: EXCELLO PLATING COMPANY

POLICY NUMBER: OCF-167312-01

DEPOSIT:

PREMIUM:

\$4,161.00

GROSS:

\$4,161.00

COMMISSION:

\$ 524.15

NET DUE:

\$3,536.85

This _	POLICY	Was	issued	13 JAN 93 , ,	with
an eff	ective date of _	11 NOV 92.	and	was not included	with
your 1	ast statement.	Please includ	e the \$_	3,536.85 with	your
next p	ayment to us.				
Should	you have any qu	estions please	contac	t KIM WHINNERY	

CONFALENTIAL

REINSURANCE LAYOFF SHEET

INSURED: Cycelle	o Platery	Ce		PO	LICY NO.CC/	167312-
RE INS EFF DATE://_// PROPERTY:	.92	POLICY TE	RM:	92	1 11.11.	93
SUBJECT OF REINS:	BLDG X C	ONTS <u>X</u>	TIME ELEMENT	IM _	DOL	
PERILS: Special	- Join X	Qx flow	L			
KEY LOCATION: 405 7	, Goode	un ave	e Los	angelo	o, Ca	
*TIV AT KEY: \$766,000				δ		
*TSI: \$766,000.				EXCE	SS OF LOSS	
TREATY/RE INS CO	AMOUNT	% PART		GRO	DSS MIUM	CERT NO.
<i>F</i>						
TOTALS: *TIV = TOTAL INSURED VALUE: *TSI = TOTAL SUM INSURED CASUALTY:	* 766,000. s	1002				
GENERAL LIAB	PROD/COMP	OPSAI	JTO BI/PD	GARAGE LI	ABEXC	ESS LIAB.
AUTO PHY DAMAGE	GKLL C	QUOTA SHARE	EXCE	SS OF LOSS _		
TREATY/RE INS CO		LIMITS		% COMM	GROSS PREMIUM	CERT. NO.
4						1.16
GROSS PREMIUM: Net Pre	mium:	\$		MEDE		5
Divide b				_%	ITH SHEPPAL	on.
Equals	Gross Premium:	\$		- DE	0 0 4 1992	1.12

DEDUCTIBLE INFORMATION

POLICY NO: 0CP-1673/2	1-0/
PERCUIVE // NOV 92/	7.3
NAMED INSURED: Excella	Plating Company
	0 10
THE FOLLOWING D	EDUCTIBLES APPLY
BUILDING:	
LIABILITY: 500. PD	SIGNS:
LIABILITY: 500. PD	PER OCCUR () PER CLAIM ()
AUTO LIABILITY:	
PHYSICAL DAMAGE: COMP	COLL
COMP	COLL
COMP	.COLL_
GARAGEKEEPERS LEGAL: COMP	COLL
INLAND MARINE:	COVERAGE TYPE
	COVERAGE TYPE
	COVERAGE TYPE
	COVERAGE TYPE
CRIME: COVERAGE A	
COVERAGE B	
	MESSENGER
	SAFE BURGLARY
MESSENGER	
ACCOUNT NO.	
EAGLE RATE: AUTO () GL () COMPOSITE RATE: AUTO () GL	PROPERTY ()

L178-951



GOLDEN EAGLE INSURANCE COMPANY



POLICY CHANGE ENDORSEMENT	Policy No: CCP-167312-03
Insured: EXCELLO PLATING COMPANY	Endorsement Number: 001
Agent: GRAY-STONE & COMPANY	Effective Date: 08/17/93
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT C CONDITIONS, AND EXCLUSIONS REMAIN THE SAME.	AREFULLY. ALL OTHER TERMS,
Coverage Parts Affected:	
COMMERCIAL GENERAL LIABILITY	
Changes:	
ADDITIONAL INSURED ENDORSEMENT IS CHANGED PER ATTACHED.	REVISED CG2011
Additional	Return Premium \$
Premium a	at Audit

No Premium Change



ADDITIONAL INSURED ENDORSEMENT

MANAGERS OR LESSORS OF PREMISES

Agent: GRAY-STONE & COMPANY

Insured: EXCELLO PLATING COMPANY

Policy No: CCP-167312-01

Endorsement Number: 001

Effective Date: 08/17/93

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY,

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

1. Designation of Premises (Part Leased to You):

4057 GOODWIN AVENUE LOS ANGELES, CA

2. Name of Person or Organization (Additional Insured):

SPIRITO FAMILY TRUST ALICE CALNO 829 NORUMBEGA DRIVE MONROVIA, CA

3. Additional Premium: \$ INCLUDED

(If no entry appears above, the information required to complete this endorsement will be show in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

- 1. Any "occurrence" which takes place after you cease to be a tenant in that premises.
- 2. Structural alterations, new construction or demolition operations performed by or on behalf of the person or organization shown in the Schedule.

RENEWAL CERTIFICATE COMMERCIAL GENERAL LIABILITY OCCURRENCE FORM GOLDEN EAGLE INSURANCE COMPANY



POLICY NO.: CCP-167312

RENEWAL CERTIFICATE #: __01__

EFFECTIVE DATE: 11 NOV 92

12:01 A.M., Standard Time

NAMED INSURED: EXCELLO PLATING COMPANY

AGENT OR BROKER CODE: 01-02912

LIMITS OF INSURANCE

General Aggregate Limit (Other Than Products—Completed Operations) \$ 1,000,000.

Products—Completed Operations Aggregate Limit \$ EXCLUDED

Personal and Advertising Injury Limit \$ 1,000,000.

Each Occurrence Limit \$ 1,000,000.

Fire Damage Limit . \$ 50,000. Any One Fire Medical Expense Limit \$ 5,000. Any One Person

LOCATION OF PREMISES

Location of All Premises You Own, Rent or Occupy:

NO CHANGE

PREMIUM .	MULLIPHONE HOME SHIP AND ST				STATE AND ADDRESS OF THE STATE	
Classification	Code No.	Premium Basis and Exposure	Pr/Co	te All Other	Advance Pr Pr/Co	emium All Other
ELECTROPLATING	52547	(S)600,000.	EXCLUDED	3.504	\$ EXCLUDED\$	2,103.
ENDORSEMENT PREMIUM(S)						55.

Total Advance Premium \$ EXCLUDED\$ 2,158.

Forms and Endorsements Renewal Changes:

Added:

Deleted: CL175(0286) Amended: CG2011(1185)

These Declarations when combined with the common policy declarations, the common policy conditions, coverage form(s) and endorsements, if any, issued to form a part thereof, complete the renewal certificate.

POLICY NUMBER: CCP-167312-01

CONFILMIAL

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

CG 20 11 11 85

ADDITIONAL INSURED—MANAGERS OR LESSORS OF PREMISES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

1. Designation of Premises (Part Leased to You):

4057 GOODWIN AVENUE

LOS ANGELES, CA

2. Name of Person or Organization (Additional Insured): SPINITO FAMILY TRUST

GILDA ELANGSTAN AS TRUSTEE

3. Additional Premium: \$55.

896 NORTH RAYMOND PASADENA, CA 91103

(If no entry appears above, the information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

- 1. Any "occurrence" which takes place after you cease to be a tenant in that premises.
- 2. Structural alterations, new construction or demolition operations performed by or on behalf of the person or organization shown in the Schedule.



COMMON POLICY DECLARATIONS

Policy No: CCP-255542-00

RENEWS: CCP-167312-01

First Named Insured: EXCELLO PLATING COMPANY

Mailing Address:

4057 GOODWIN AVENUE

LOS ANGELES, CA 90032

SUBJECT TO AUDIT

Policy Period: From: 11 NOV 93 To: 11 NOV 94 (12:01 A.M. Standard Time at your mailing address shown above)

Business Description: CHROME & NICKEL PLATING

Form of Business:

CORPORATION

Agent or Broker: R.E. LEE INTERMEDIARIES

01-02858 Code:

City and State: NEWPORT BEACH, CA 92660

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

NOT COVERED Boiler and Machinery Coverage Part NOT COVERED Commercial Auto Coverage Part NOT COVERED Commercial Crime Coverage Part \$2,102 Commercial General Liability Coverage Part NOT COVERED Commercial Inland Marine Coverage Part \$2,145 Commercial Property Coverage Part NOT COVERED Farm Coverage Part

Installment Charge

TOTAL

\$4,247

Premium shown is payable: AT INCEPTION

Forms applicable to all Coverage Parts: PER GECPD1000

By: Countersigned:

(Authorized Representative)

011/181 29 NOV 93

REINSURANCE LAYOFF SHEET CONFIDENTIAL

INSURED: Excello	Platy			PC	LICY NO .: _CC	P 255542
RE INS EFF DATE: \\ PROPERTY:	-11.93					
SUBJECT OF REINS: BI	LDG V CO	NTST	ME ELEMENT	IM	DOL	
PERILS: Special	Excl	EQ:	Flood			
KEY LOCATION: 405					eles Ca	
*TIV AT KEY:						
*TSI: 766 000					ESS OF LOSS _	gather)
w					088	
TREATY/RE INS CO				PRE	MIUM	CERT NO.
Net Treat	766,000 -	10000				
1						
				-		
	1.00					
				Eggs 2		
TOTALS: *TIV = TOTAL INSURED VALUES *TSI = TOTAL SUM INSURED CASUALTY:	766,000	1000%				
GENERAL LIAB.	_ PROD/COMP C	PSAU	TO BI/PD	GARAGE L	IABEXC	CESS LIAB.
AUTO PHY DAMAGE	GKLL QI	JOTA SHARE _	EXCE	SS OF LOSS _	15	
TREATY/RE INS CO		LIMITS		% COMM	GROSS PREMIUM	CERT. NO.
GROSS PREMIUM: Net Prem	nium:	\$				
Divide by				_%		
Equals G	ross Premium:	\$				

DEDUCTIBLE INFORMATION

POLICY NO: CCP255542-00	5	
EFFECTIVE: 11-11-93/94		
NAMED INSURED: Excello" Plating	Co	
THE FOLLOWING D	EDUCTIBLE	S APPLY.
BUILDING:		
CONTENTS: 1000		
GLASS:	SIGNS:	
LIABILITY: 500 PD		
AUTO LIABILITY:		
PHYSICAL DAMAGE: COMP		COLU
		COLL
COMP		COLL .
GARAGEKEEPERS LEGAL: COMP		COLL
INLAND MARINE:		
		TYPE
	COVERAGE	ײַּעֻטְבַ
	COVERAGE	TYPE
CRIME: COVERAGE A		
COVERAGE B		
COVERAGE C PREMISES		MESSENGER
COVERAGE D ROBBERY		SAFE BURGLARY
MESSENGER		
ACCOUNT NO.		
EAGLE RATE: AUTO () GL () COMPOSITE RATE: AUTO () GL (PROPERTY)	()



FORMS LIST - COMMON POLICY DECLARATIONS

Policy No: CCP-255542-00

Forms applicable to all coverage parts:

FORM NO.	EDITION DATE	DESCRIPTION
GECPD802A	07/88	Signature Sheet
GEIL100	08/92	Supplemental Location Schedule
GECPD809	04/92	Minimum Premium Endorsement
GECPD910	06/89	Punitive/Exemplary Damage Exclusion
IL0017	11/85	Common Policy Conditions
IL0003	06/39	Calculation of Premium
	11/85	Broad Form Nuclear Exclusion Endt.
IL0270	03/88	CA Cancellation or Non-renewal
IL0021	11/85	Broad Form Nuclear Exclusion Endt.

CONFILENTIAL

SUPPLEMENTAL LOCATION SCHEDULE

Policy No: CCP-255542-00

LOCATION

1 4057 GOODWIN AVENUE LOS ANGELES, CA 90032



GOLDEN EAGLE INSURANCE COMPANY P.O. Box 85826 - San Diego, CA 92186-5826



POLICY CHANGE ENDORSEMENT	Policy No: CCP-255542-0
insured: EXCELLO PLATING COMPANY	Endorsement Number: 001
Agent: R.E. LEE INTERMEDIARIES	Effective Date: 11/11/93
THIS ENDORSEMENT CHANGES THE POLICY. PLEA CONDITIONS, AND EXCLUSIONS REMAIN THE SAME	
Coverage Parts Affected:	
ALL	
Changes:	
NAMED INSURED IS CHANGED TO READ: EXCELLO PLATING CO., INC.	
ZIP CODE IS CHANGED TO READ: 90039	
	□ 110 1 □ D
	Additional Return Premium \$
	Premium at Audit

No Premium Change

Authorized Representative Signature

COMMERCIAL PROPERTY COVERAGE PART SUPPLEMENTAL DECLARATIONS **GOLDEN EAGLE INSURANCE COMPANY**



POLICY NO: CCP-255542-00

EFFECTIVE DATE:

11 NOV 93

12:01 A.M., Standard Time

NAMED INSURED: EXCELLO PLATING COMPANY

AGENT OR BROKER CODE: 01-02858

DESCRIPTION OF PREMISES

PREM. NO. BLDG. NO. LOCATION

PER GEIL100

CONSTRUCTION AND OCCUPANCY BLOCK/METAL MFG.

COVERAGE	S PROVIDED	-Insurance at the described pro-	emises applies only for cov	verages for which a limit of insuran	ice is shown.	
PREM. NO.	BLDG. NO.	COVERAGE	LIMIT OF INSURANCE	COVERED CAUSES OF LOSS	DEDUCTIBLE	COINSURANCE**
1	1	BUSINESS PERSONAL PROPERTY	\$566,000.	SPECIAL FORM	\$1,000.	90%
1	1	BUSINESS INCOME	200,000.	SPECIAL FORM	NIL	NIL

**IF EXTRA EXPENSE COVERAGE, LIMITS ON LOSS PAYMENT

OPTIONAL COVERAGES-Applicable only when entries are made in the schedule below.

AGREED VALUE PREM. BLDG.

BUILDING NO. **EXPIRATION DATE AMOUNT** NO.

7

COVERAGE

REPLACEMENT COST (X)

PERSONAL PROPERTY

X

INCLUDING "STOCK"

1

INFLATION GUARD (Percentage) PERSONAL PROPERTY BUILDING

*MONTHLY LIMIT OF INDEMNITY (Fraction) *MAXIMUM PERIOD OF INDEMNITY (X)

*EXTENDED PERIOD OF INDEMNITY (Days)

1/4

*APPLIES TO BUSINESS INCOME ONLY.

MORTGAGE HOLDERS

PREM. NO. BLDG. NO.

MORTGAGE HOLDER NAME AND MAILING ADDRESS

FORMS APPLICABLE TO SPECIFIC PREMISES/COVERAGES

PREM. NO. BLDG. NO. COVERAGES

COMMERCIAL PROPERTY

FORM NUMBER

CP0010(1091) CP0090(0788) CP0121(1091) CP1260(1091) CP1030(1091) IL0415(1091)

CP0030(1091)

These Declarations when combined with the common policy declarations, the common policy conditions, coverage form(s) and endorsements, if any issued to form a part thereof, complete the contract of insurance.

1

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

IL 04 15 10 91

PROTECTIVE SAFEGUARDS

This endorsement modifies insurance provided under the following:

COMMERCIAL PROPERTY COVERAGE PART FARM COVERAGE PART

SCHEDULE*

Prem. No. Bldg.

No.

Protective Safeguards Symbols Applicable "P - 9"

Describe any "P-9":

LOCAL BURGLAR GONG

1. The following is added to the:

Commercial Property Conditions

General Conditions in the Farm Property Coverage Form

General Conditions in the Mobile Agricultural Machinery and Equipment Coverage Form

General Conditions in the Livestock Coverage Form

PROTECTIVE SAFEGUARDS

- a. As a condition of this insurance, you are required to maintain the protective devices or services listed in the Schedule above.
- b. The protective safeguards to which this endorsement applies are identified by the following symbols:
 - "P-1" Automatic Sprinkler System, including related supervisory services.

Automatic Sprinkler System means:

- (1) Any automatic fire protective or extinguishing system, including connected:
 - (a) Sprinklers and discharge nozzles;
 - **(b)** Ducts, pipes, valves and fittings;
 - (c) Tanks, their component parts and supports; and

- (d) Pumps and private fire protection mains.
- (2) When supplied from an automatic fire protective system: -
 - (a) Non-automatic fire protective systems; and
 - (b) Hydrants, standpipes and outlets.
- "P-2" Automatic Fire Alarm, protecting the entire building, that is:
 - (1) Connected to a central station; or
 - (2) Reporting to a public or private fire alarm station.
- "P-3" Security Service, with a recording system or watch clock, making hourly rounds covering the entire building, when the premises are not in actual operation.
- "P-4" Service Contract with a privately owned fire department providing fire protection service to the described premises.
- "P-9" The protective system described in the Schedule.

^{*}Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declarations.









COMMERCIAL GENERAL LIABILITY COVERAGE PART **DECLARATIONS - OCCURRENCE FORM**

Policy No: CCP-255542-00

Named Insured: EXCELLO PLATING COMPANY

Effective Date: 11 NOV 93

Agent or Broker Code: 01-02858/150

(At 12:01 A.M. Standard Time)

LIMITS OF INSURANCE

General Aggregate Limit (Other Than Products - Completed Operations)

Products - Completed Operations Aggregate Limit

Personal and Advertising Injury Limit

Each Occurrence Limit

Fire Damage Limit

Medical Expense Limit

1,000,000

EXCLUDED

1,000,000

1,000,000

50,000 Any One Fire

5,000 Any One Person

LOCATION OF PREMISES

Location of All Premises You Own, Rent, or Occupy:

PER GEIL100

FORMS AND ENDORSEMENTS (other than applicable Forms and Endorsements shown elsewhere in the policy) Forms and Endorsements applying to this Coverage Part and made part of this policy at time of Issue:

PER GEL1000

These Declarations when combined with the common policy declarations, the common policy conditions, coverage form(s) and endorsements, if any, issued to form a part thereof, complete the contract of insurance.

DDENNIINA	ISee Classification	and Premium Bas	is Legend for	Description of Code	es)
-----------	---------------------	-----------------	---------------	----------------------------	-----

Premium Basis

Rate

Advance Premium

Code No.

and Exposure

Pr/Co All Other Pr/Co

All Other

LOC# 1

52547

\$600,000

3.413

\$2,048

PREMIUM ENDORSEMENTS:

\$54

TOTAL ADVANCE PREMIUM:

\$2,102





FORMS LIST

Policy No: CCP-255542-00

Forms and Endorsements applying to this coverage part and made part of this policy at time of issue:

FORM NO.	EDITION DATE	DESCRIPTION
GECG801A	06/93	Premium Basis Legend
CG0001	11/88	General Liability Coverage Form - Occur.
CG2147	09/89	Exclusion-Employment-Related Practices
GECG824	06/92	Total Pollution Exclusion
GECG825	01/89	Asbestos Exclusion
GECG828	01/88	Subsidence of Land or Soil Exclusion
GECG860	07/93	Premium Audit
CG0300	11/85	Deductible Liability Insurance
CG2011	11/85	Additional Insured-Managers/Lessors
CG2104	11/85	Exclusion-Products-Completed Ops Hazard
CG2139	11/88	Contractual Liability Limitation



CONSTENTIAL

COMMERCIAL GENERAL LIABILITY - CLASSIFICATION AND PREMIUM BASIS LEGEND

Policy No: CCP-255542-00

PREMIUM BASIS LEGEND --

M = ADMISSIONS PER 1,000

P = PAYROLL

PER \$1,000

A = AREA

PER 1,000

C = COSTPER \$1,000

T = EACH

PER EACH

U = UNITS

PER UNIT

S = GROSS SALES PER \$1,000 G = GALLONS

PER \$1,000

R = GROSS RECEIPTS

PER \$1,000

RATE LEGEND -

ALL OTHER = PREMISES AND OPERATIONS

PR/CO = PRODUCTS AND COMPLETED OPERATIONS

MP = MINIMUM PREMIUM

Code Number

Classification Description

52547

ELECTROPLATING



DEDUCTIBLE LIABILITY INSURANCE

Policy No: CCP-255542-00

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

	SCHEDULE	
Coverage	Amount and Basis of Deductible	
Bodily Injury Liability	NIL per claim NIL per occurrence	
Property Damage Liability	\$500 per claim NIL per occurrence	
Bodily Injury Liability and Property Damage Liability Combined	NIL per claim NIL per occurrence	

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

APPLICATION OF ENDORSEMENT (Enter below any limitations on the application of this endorsement. If no limitation is entered, the deductibles apply to damages for all "bodily injury" and "property damage," however caused): -

- 1. Our obligation under the Bodily Injury Liability and Property Damage Liability Coverages to pay damages on your behalf applies only to the amount of damages in excess of any deductible amounts stated in the Schedule above as applicable to such coverages, and the limits of insurance applicable to "each occurrence" for such coverages will be reduced by the amount of such deductible. "Aggregate" limits for such coverages shall not be reduced by the application of such deductible amount.
- 2. The deductible amounts stated in the Schedule apply as follows:
 - A. PER CLAIM BASIS if the deductible is on a "per claim" basis, the deductible amount applies:
 - 1. Under the Bodily Injury Liability or Property Damage Liability Coverage, respectively:
 - a. To all damages because of "bodily injury" sustained by one person, or
 - b. To all damages because of "property damage" sustained by one person or organization,
 - as the result of any one "occurrence."
 - 2. Under Bodily Injury Liability and Property Damage Liability Coverage combined to all damages because of "bodily injury" and "property damage" sustained by one person or organization as the result of any one "occurrence."
 - B. PER OCCURRENCE BASIS if the deductible is on a "per occurrence" basis, the deductible amount applies:
 - 1. Under the Bodily Injury Liability or Property Damage Liability Coverage, respectively:
 - a. To all damages because of "bodily injury" as the result of any one "occurrence," or
 - b. To all damages because of "property damage" as the result of any one "occurrence,"
 - regardless of the number of persons or organizations who sustain damages because of that "occurrence."



ADDITIONAL INSURED - MANAGERS OR LESSORS OF PREMISES

Policy No: CCP-255542-00

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

WHO IS AN INSURED (Section II) is amended to include as an Insured the person or organization shown in the Schedule but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

- 1. Any "occurrence" which takes place after you cease to be a tenant in that premises.
- 2. Structural alterations, new construction or demolition operations performed by or on behalf of the person or organization shown in the Schedule.

(If no entry appears below, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

SCHEDULE

1. Additional Premium:

\$54

2. Designation of Premises (Part Leased to You):

4057 GOODWIN AVENUE LOS ANGELES, CA 90032

3. Name of Person or Organization (Additional Insured):

SPIRITO FAMILY TRUST ALICE CALNO 829 NORUMBEGA DRIVE MONROVIA, CA 91016





POLICY CODING WORKSHEET

Policy No: CCP-255542-00

Agent Name: R.E. LEE INTERMEDIARIES

Collection Premium:

4247

Installments: N

Auditable: A

EAP:

Batch #

. . . . Policy. . . . Prefix Number

Cert #

Trans

. Policy Dates. Effective

Expiration

CCP 255542

00

2

11/11/93

11/11/94

Branch Office	Producer	Branch Sub- Office Producer	Spc Prgm	State	Type Insured's Name & Address:
01	02858		CMP	04	1 EXCELLO PLATING COMPANY 4057 GOODWIN AVENUE
					LOS ANGELES CA 90032

Reins Group	Line	Cov	Statistical Premium	Comm Rate	Class	Limit	Ded	Zip Code	Pol Yr	
33	26	00	2145	.1500	3399	012	60	90032	93	
33	27	00	2102	.1500	3399	014	50	90032	93	

TOTAL POLICY PREMIUM:

4247

Reins Assuming Group Company Contract

Line Cov

Ceded Premium Comm Rate

Class

Limit

Ded

Zip Code Pol Yr

TOTAL REINSURANCE PREMIUM:

POLICY MASTER FILE NOV 30 1993

RECEIVED IN

NOV 3 0 1993 EIVED RE

Policy Cross Reference:

DATA ENTRY 3 0 1993

29 NOV 93 011/181

GRAY-STONE & COMPANY P.O. BOX 889 91365 WOODLAND HILLS CA

818=593-3333 818=593-3650 FAX

DATE: 10/01/93

LINDA MALLINSON

TO:

GOLDEN EAGLE INSURANCE CO.

OCT 4 1993

ATTN: LINDA MALLINSON

RE:

EXCELLO PLATING COMPANY

POLICY NUMBER: CCP 16 73 12-01

EFFECTIVE DATE OF CHANGE: 08/17/93

PECHNIED IN

OCT 0 6 1993

RATING UNIT

DEAR LINDA:

PLEASE ANEND THE LANDLORD PER CERTIFICATE ATTACHED. NO CHANGE IN PREMIUM.

IF YOU HAVE ANY QUESTIONS, OR REQUIRE ANY ADDITIONAL INFORMATION PLEASE GIVE ME A CALL.

SINCERELY,

TORRES MARIA E.

GRAY-STONE & COMPANY

LINDAMALLINSON OCT 5 1993

DONNA MICCRACKEN

GRAY-STONE & COMPANY.

P.O. Box 889 Woodland Hills, CA 91365 (818) 593-3333 (818) 593-3650 FAX

INSURED Excello Plating Co., Inc. 4057 Goodwin Street Los Angeles, CA 90039 THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY LETTER A: GOLDEN EAGLE INSURANCE CO

COMPANY LETTER B:

COMPANY LETTER C:

COMPANY LETTER D:

COMPANY LETTER E:

COVERAGES

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POL. EFF. DATE	POL. EXP. DATE	LIMITS	
Α	GENERAL LIABILITY [X] COMMERCIAL GENERAL LIABILITY [] CLAIMS MADE [X] OCCUR. [] OWNER'S & CONTRACTOR'S PROT. []	CCP-167312	11/11/92	11/11/93	GENERAL AGGREGATE \$ PRODUCT-COMP/OPS AGG. \$ PERSONAL & ADV. INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED. EXPENSE (Any one person) \$	1,000,000 1,000,000 1,000,000 50,000 5,000
	AUTOMOBILE LIABILITY [] ANY AUTO [] ALL OWNED AUTOS [] SCHEDULED AUTOS [] HIRED AUTOS [] NON-OWNED AUTOS [] GARAGE LIABILITY []				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per Accident) \$ PROPERTY DAMAGE \$	
	EXCESS LIABILITY [] UMBRELLA FORM [] OTHER THAN UMBRELLA FORM				EACH OCCURENCE \$ AGGREGATE \$	
11	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY	*			STATUTORY LIMITS EACH ACCIDENT \$ DISEASE-POLICY LIMIT \$ DISEASE-EACH EMPLOYEE \$	
	OTHER				\$	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER IS LANDLORD AS RESPECTS 4057 GOODWIN AVE., LOS ANGELES

CERTIFICATE HOLDER

CANCELLATION •

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

SPIRITO FAMILY TRUST ALICE CALNO 829 NORUMBEGA DR MONROVIA, CA 91616 AUTHORIZED REPRESENDATIVE

FORM 25-S (7/90)

Do Not Remove

Named Insured: <u>exc</u>	ello Plate	ne	
Policy Number: CCP	167312-01	New Business:	Terran I artiska de Karreladi di Castille
Effective Date: 11	11.92	Renewal: New	£:
Quote:		Issue:	
	Date		Initials
To Underwriter:	In:	The second secon	
To New Business:	In:		
To Underwriter:	MEREDITH SHEP	PARD	
To Rating: Rater: DEC 0 7 1992 IN RATING Total Policy Premium To Data Entry:	Out: DEC 0 4 199 In: 12-11-92 Out: 12-17-9 : 416 In: 1//1 D/E: 1//2 Out: 1	RECEIVED RECEIVED RECEIVED RECEIVED RECEIVED RECEIVED RECEIVED RECEIVED RECEIVED	roge Mas Kolling
To Policy Typing:	In: 1/13	193	est
Typist:	1/131	93	OP
Collating:	out: /-/5-	<u>-93</u>	mg
Total Days Processed			
Over 30 days past eff	Tective date/c	ause for delay:	
	N. Commission of the Commissio		

: UND 0042 (11-89)

Property-Casualty Policy Issuance Instructions

COMPRENTIAL

Named Insured: Excello Pl	ettre
(CD11.4317-0	1 8 11.11.92 11.11.93
Policy Number:	Policy Period: 11.11.92 to 11.1143
Program: Yes () No () Number Locat	
Premium Breakdown:	2158
Property: 2003	— Gen. Liab: <u>2,15 &</u>
Inland Marine:	Automobile:
Crime:	Excess:
Gar. Liab:	G.K.L.L.:
Total Premium: 4161.	CIGA: Comm:
Premium Payment Plan: At Inception Quarterly () 6-Pay	n ()() 3-Pay ()
Other Than Standard Forms: - Attach	Completed Form: Plr Lyping
Section Form No.	Description of Form
·	
Special Instructions:	
Composite Rate Rated () Base:	Minimum Rate: ———— Premium: ————

MEDITAL SHEPPARD

DEC 0 4 1992

GOLDEN EAGLE INSURANCE COMPANY

7175 Navajo Road • San Diego, California 92119-1642 • (619) 463-5800 Mailing Address: P.O. Box 85826 • San Diego, California 92186-5826 FAX: (619) 460-8860

CONFIDENTIAL

3536,85

SPECIAL BILLING

DATE:		
PRODUCER:	NAMED INSURE	D:
ADDRESS:	POLICY NUMBE	R:
	DEPOSIT:	
	PREMIUM:	4161.00
	GROSS:	4161.00
	COMMISSION:	1211 15

Should you have any questions please contact Kim Whinvery

GOLDEN EAGLE INSURANCE COMPANY

RENEWAL CERTIFICATE

CONFIDENTIAL

	POLICY NO.: CC 1 16 13 12
	RENEWAL CERTIFICATE #: 01
	PRODUCER:
	CODE: 01-02912
FIRST NAMED INSURED: EXCELLO PLATING COMPAN	JY.
MAILING ADDRESS: 4057 GOODWIN AURNO	233
RENEWAL POLICY PERIOD FROM: 11 NOV 92 (12:01 A.M. Standard Time at your mailing add	
N RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO A NE AGREE WITH YOU TO EXTEND THE INSURANCE AS STATED IN TH	LL OF THE TERMS OF THE EXPIRING POLICY, IS CERTIFICATE:
THE RENEWAL CERTIFICATE CONSISTS OF THE FOLLOWI	ING COVERAGE PARTS MENT.
Commercial Auto Coverage Part Commercial Crime Coverage Part Commercial General Liability Coverage Part Commercial Inland Marine Coverage Part Commercial Property Coverage Part Farm Coverage Part	\$ \(\sigma/C\) \$ \(\sigma/S\) \$ \(\sigma/S\) \$ \(\sigma/C\)
Installment Charge	TOTAL \$ 4161.
In effect as of the original inception date of the policy (No cha As amended by revised schedule(s) attached: As amended by endorsements issued prior to the effective da As amended by endorsement(s): ADDED: GECRO 809 (0492), CP12.60(1091)	
DELETED: CF175(0186)	
AMENDED:	The state of the s
COUNTERSIGNED: BY:	(Authorized Representative)
(Date)	CORA CRISOSTOMO
	DEC 14 1992
GE REN 001 11-891 UW # 21	#159

RENEWAL CERTIFICATE COMMERCIAL GENERAL LIABILITY OCCURRENCE FORM GOLDEN EAGLE INSURANCE COMPANY

CONFRENTIAL

MED INSURED: /	AGENT OR BROKE	12:01 A.M., Sta	andard Time
ITS OF INSURANCE	nden on broke	TOOBL.	
eneral Aggregate Limit (Other Than Products—Completed Operat roducts—Completed Operations Aggregate Limit arsonal and Advertising Injury Limit ach Occurrence Limit are Damage Limit redical Expense Limit	\$ 1,000, \$ 6xecu \$ 1,000, \$ 50,0	000.	
CATION OF PREMISES			Bitme-c-14-co-14-c
ocation of All Premises You Own, Rent or Occupy:			
NO CHANGE			-,
	2		
Classification Premium Basis Code No. and Exposure	flate	Advance	Premium .
ELECTROPLATING 52547 (5) 600,000.	EXCL 3.509	PI/CO F EXCL.	All Other 5. 2103.
	T-1-1-1		
ELECTROPLATING 52547 (5) 600,000.	T-1-1-1		s 2103.
ELECTROPLATING 52547 (5) 600,000.	T-1-1-1		s 2103.
ELECTROPLATING 52547 (5) 600,000.	T-1-1-1		s 2103.
ELECTROPLATING 52547 (5) 600,000.	T-1-1-1		s 2103.
ELECtroplating 52547 (s) 600,000.	T-1-1-1		s 2103.
ELECTROPLATING 52547 (5) 600,000.	T-1-1-1	/ EXCL.	\$ 2103. 55.
ELECTROPLATING 52547 (s) 600,000. EN DORSEMENT PREMIUM(s) Forms and Endorsements Renewal Changes:	EXCL. 3.504	/ EXCL.	\$ 2103. 55.
ELECTROPLATING 52547 (5) 600,000.	EXCL. 3.504	/ EXCL.	\$ 2103. 55.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CG 20 11 11 85

ADDITIONAL INSURED—MANAGERS OR LESSORS OF PREMISES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

1. Designation of Premises (Part Leased to You): 4057 GOODWIN AVENUE

LOS ANGELES, CA

2. Name of Person or Organization (Additional Insured):

SPINITO FAMILY TRUST

GILDA ELANGSTAN AS TRUSTEE 896 NO. RAYMOND

3. Additional Premium: \$ 55. PASADENA, CA 91103

(If no entry appears above, the information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

- 1. Any "occurrence" which takes place after you cease to be a tenant in that premises.
- 2. Structural alterations, new construction or demolition operations performed by or on behalf of the person or organization shown in the Schedule.





GE UND 0018 (08-92)

CONFRENTIAL

RISK MODIFICATION WORKSHEET - CALIFORNIA ONLY

ГО	LIABILITY AND PHYSICAL DAMAGE	CREDIT	DEBIT	COMMENTS
MAI	NAGEMENT	%	%(5)	(ما
1.	COOPERATION WITH COMPANY	5	5	
2.	MAINTENANCE OF RECORDS FOR PURPOSE OF AUDIT	5	5	<u> </u>
3.	ATTITUDE TOWARD PUBLIC SAFETY & CONVENIENCE	5	5	73.
4.	COOPERATION IN SAFEGUARDING & HANDLING OF	5	5	
i.	INSURED PROPERTY .			
EQ	JIPMENT			
1.	TYPE	5	5	2 1 V 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2.	AGE	5	5	
3.	SERVICING STANDARDS	5	5	
4.	REPAIR FACILITIES	5	5	
5.	EQUIPMENT SAFEGUARDS	10	10	
6.	ADEQUACY OF OPERATIONS	. 10	10	
7.	USE BY EMPLOYEES—OFF DUTY	0	5	
RIS	SK CHARACTERISTICS	-		
1.	EMPLOYEES—SELECTION, TRAINING, SUPERVISION	5	5	
2.	CONSTRUCTION OF BUILDING	5	5	
3.	LOCATION OF RISKS	5	5	
4.	MAINTENANCE OF PREMISES	5	5	
5.	AGE & CONDITION OF PREMISES	5	5	
6.	TYPE OF MERCHANDISE OR PRODUCT	5	5	
, 7.	SAFETY PRECAUTIONS	5	5	-
8	FREQUENCY OF ACCIDENTS	5	5	
9	SPREAD OF RISK	5	5	- 1 - 2
10	ANALYSIS OF EXPOSURE GRADING	5	5	
11	UNSATISFACTORY CLAIMS CONDITIONS	0	5	
12	OPERATIONS, PROCESSES OR PRODUCTS UNUSUAL TO			
	CLASSIFICATION	5	5	
13	. PROTECTIVE SAFEGUARDS NOT OTHERWISE RECOGNIZED			- X
	ALARMS, P <as>, LIFE SAFETY</as>	5	0	
	TOTALS		2.6	0/0
	MAXIMUM COMBINED	CREDIT/		
IOT				
UI	ES/APPROVALS:			HEATING THE STATE OF THE STATE

PROPERTY INDIVIDUAL RISK PREMIUM MODIFICATION PLAN—CALIFORNIA ONLY CALFORNIAL

NAMED INSURED: Excello Plating Co Policy #: CCP167312 EFF. DATE: 11-11-92

PROPERTY	MAXI	MUM	ACTUAL ALLOWED	DOCUMENTATION (MUST BE COMPLETED)
	CREDIT	DEBIT	CREDIT DEBIT	DOCUMENTATION (MUST BE COMPLETED)
A. MANAGEMENT Co-operation in matters of safeguarding and proper handling of property covered	10%	10%	10%	Good
B. LOCATION Accessibility, congestion and exposures	10%	10%	10%	Good Location
C. BUILDING FEATURES Age, condition and unusual structural features	5%	5%		
			*	
D. PREMISES AND EQUIPMENT Care, condition and type	5%	5%	4.4	
			-c/	Long Time Employees
E. EMPLOYEES Selection, training, supervision and experience	5%	5%	5%	
			·	
F. PROTECTION Not otherwise recognized	5%	5%	5%	LOCAL GONG
			1	
MAX		OTALS	: 34.490 ED CREDIT/DEBIT AVAI	FINAL FACTOR:
NOTES/APPROVALS:		mer E E		
	JAN 5	1993		
LINDEDWRITED:	*/	W. Control of the Con		DATE:

GE UND 0032 (08-92) CA





GOLDEN EAGLE INSURANCE COMPANY

71.75 Navajo Road • San Diego, California 92119-1642 • (619) 463-5800 Mailing Address: P.O. Box 85826 • San Diego, California 92186-5826 FAX: (619) 460-8860

MEMORANDUM

DATE: 12.4.92
TO: Gray-Stone
NAMED INSURED: Cycello Plating
POLICY NO.: CCP 167312
WE HAVE ASSIGNED THE POLICY NUMBER INDICATED FOR YOUR CLIENT.
THE PREMIUMS WILL BE AS FOLLOWS:
\$ 4,161. POLICY NO .: CP167312-01
\$POLICY NO.:

COMMERCIAL UNDERWRITER

CONFRIENTIAL

GRAY-STONE & COMPANY (A Corporation) Insurance Exclusively Since 1947

DATE: 11-11-92	2
TO: Gralden Page Ins Co	FROM: Jami Singer
ATTN: News Mc Gelie	
RE: Excella Plating	CCP147312 ex 11-11-92

PLEASE ADVISE IF COPY NOT CLEAR OR IF ANY PAGES ARE MISSING.

NUMBER OF PAGES:

THIS PAGE PLUS ____ OTHER PAGES.

COMMENTS:

Please lound e cossue coverage effective Loday ser your. quote of 416/00



Deese confirm with assigned policy #

Shanks

Sami

GOLDL EAGLE INSURANCE CC PANY
NEW BUSINESS QUOTATION (Valid for 30 days Coverage is not bound.) RENEWAL QUOTATION (Valid until renewal expiration date.)
TO: GRAY-Stone & Co. DATE: 11-3-92 WoodLAND HILLS, Co.
ATTN: TAMI SINGER
RE: EXCELLO PLATING CO. POLICY NUMBER: CCP167312
WE HAVE PREPARED THE FOLLOWING PREMIUM QUOTATION FOR YOU. ALL PREMIUMS ARE ANNUAL JNLESS INDICATED.
PROPERTY \$ 2,003 GEN. LIAB. \$ 2,158
INLAND MARINE \$ AUTO \$
CRIME \$ EXCESS \$
ANNUAL PREMIUM \$ 4,161 CIGA \$ COMM. 15%
ALL COVERAGES, LIMITS AND DEDUCTIBLES ARE AS PER YOUR APPLICATION WITH THE FOLLOWING EXCEPTIONS:
DEDUCTIBLES:
PROPERTY
☐ INLAND MARINE/CRIME
M GEN. LIAB. \$500 Pd Ded Per [LAIM
COVERAGES:
PROPERTY
☐ INLAND MARINE
GEN. LIAB.
AUTO
COMMENTS:
PROVIDING GOOD SERVICE TO OUR PRODUCERS IS THE KEY TO BUILDING STRONG BUSINESS RELATIONSHIPS. GOLDEN EAGLE'S DEFINITION OF "GOOD SERVICE" INCLUDES PROVIDING COMPETITIVE QUOTATIONS. IF THIS QUOTE DOES NOT ALLOW YOU AND GOLDEN EAGLE TO WRITE THE ACCOUNT—CALL US NOW
SINCERELY,

UNDERWRITING DEPT.

QUOTE IS VALID FOR 30 DAYS. COVERAGE IS NOT BOUND.

SPECIAL EXCLUSION: THIS QUOTE EXCLUDES COVERAGE FOR WRONGFUL TERMINATION, SEXUAL HARRASSMENT, ETC. BY ENDORSEMENT.

September 3, 1992

Golden Eagle Insurance 7175 Navajo Road San Diego. CA 92119

Attn: IRENE MCGEHEE.

RE: EXCELLO PLATING COMPANY

EFFECTIVE 11/11/92

CCP 16 73 12

KECEIVED

SEP 0 4 1992

GULDEN EAGLE INS.

Dear Irene:

Enclosed is a renewal application for the above mentioned risk.

Please review and provide us with a quotation as soon as possible.

Everything looks as per expiring.

If you have any questions or require any additional information please don't hesitate to give me a call.

Thank you.

Tami Singer

UC :1 114 1- CES 764

	. A	\$200 \$200	. Ann	Park and
	POLICIES OR	PROGRAM REQUESTED		THENTIAL.
BROOKS INSURANCE SERVICE	S DI FACE NIDIO			
P.O. BOX 3759	174	CATE THE SECTIONS ATTACHE	COMMERCIAL	(UMBRELLA
CHATSWORTH, CA 91313-3759 (818) 709-1961	GLASS		X GENERAL LIABILITY BUSINESS AUTO	BOILER & MACHINERY
FAX (818) 709-1346	ACCTS.	REC. / VAL. PAPERS	GARAGE	MISCELLANEOUS CRIME
DE SUB-CODE	CRIME		TRUCKERS	
TATUS OF SUBMISSION	PACKAGE POLICY INF	PORTATION	WORKERS COMP.	FATIZER AND FOR
X QUOTE ISSUE POLICY	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Annual to the second of March March 1981	ERMS APPLY TO SEVERAL LINES.	ALL THE STATE OF T
BOUND (Give Date and/or Attach Copy)	PROPOSED EFF. DATE	PROPOSED EXP	DATE BILLING PLAN	PAYMENT PLAN AUD
	11/11/92	11/11/93	X AGENCY BILL DIRECT BILL	
PLICANT INFORMATION AE (first Named Insured & other Named Insureds)	ing a state of the	Property of the Control of the Contr	China Constitution of the	55 J. 1986 J. J. 1986
Excello Plating Company				
			, ,	
ILING ADDRESS (of first Named Insured)		re and control - on the section		
	-1 0- 00000			
4057 Goodwin Avenue, Los Ang INDIVIDUAL x CORPORATION				YRS. IN BUSINES
PARTNERSHIP JOINT VENTUR	RE			44
PECTION (Contact/Phone)		ACCOUNTING RECOR		vi vi
Joyce (213) 245-3626		Joyce (21	3) 245–3626	Table you and
STREET, CITY, COUNTY, STATE, ZIP CODE		and the second second	INTEREST	YR. BUILT PART OCCUPIE
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4057 Goodwin Ave., Los An	geles, Ca. 9003	32	tenant	1960 entire
				700 300 30
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We are a second and a second an				
		S. C. Spiller verlier in mineral lang	artani	.4.1
hrome and nickel plating of	ashtrays, parts	for can openers	, cabinet handles	. 10
hrome and nickel plating of	ashtrays, parts	for can openers	, cabinet handles	. 10
hrome and nickel plating of istures, overhead compartmen	ashtrays, parts	for can openers aviationProdu	, cabinet handles	. 11
hrome and nickel plating of istures, overhead compartmen ENERAL INFORMATION EXPLAIN ALL "YES" RESPONSES	ashtrays, parts t handles100%	for can openers aviationProdu	s, cabinet handles acts Excluded	s, bathroom
hrome and nickel plating of istures, overhead compartmen ENERAL INFORMATION EXPLAIN ALL "YES" RESPONSES Is the applicant a subsidiary of another entity or design.	ashtrays, parts t handles100%	for can openers aviation—Produ TOTAL ACCIDENTS No # EXPLAIN ALL "YE 4 Any catastrophe	s, cabinet handles icts Excluded s"RESPONSES exposure?	s, bathroom Yes
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ENERAL INFORMATION EXPLAIN ALL "YES" RESPONSES Is the applicant a subsidiary of another entity or dependent the applicant have any subsidiaries? Is a formal safety program in operation?	ashtrays, parts t handles100%	for can openers aviation—Produ WITCH ACCEPTATION NO # EXPLAIN ALL "YE 4 Any catastrophe X 5 Any other insura X 6 Any policy or con	s, cabinet handles icts Excluded s"RESPONSES exposure?	s, bathroom Yes
ENERAL INFORMATION EXPLAIN ALL "YES" RESPONSES Is the applicant a subsidiary of another entity or deposition to the applicant and subsidiaries? Is a formal safety program in operation? Any exposure to flammables, explosives, chemical	ashtrays, parts t handles100%	for can openers aviation—Produ Aviation—Produ No # EXPLAIN ALL "YE 4 Any catastrophe x 5 Any other insura X 6 Any policy or con	as a cabinet handles acts Excluded S" RESPONSES exposure? nce with this company or being verage declined, cancelled or	s, bathroom Yes
the applicant have any subsidiaries? Is a formal safety program in operation?	ashtrays, parts t handles100%	for can openers aviation—Produ Aviation—Produ No # EXPLAIN ALL "YE 4 Any catastrophe x 5 Any other insura X 6 Any policy or con	as a cabinet handles acts Excluded S" RESPONSES exposure? nce with this company or being verage declined, cancelled or	s, bathroom Yes
ENERAL INFORMATION EXPLAIN ALL "YES" RESPONSES Is the applicant a subsidiary of another entity or dependent of the applicant have any subsidiaries? Is a formal safety program in operation? Any exposure to flammables, explosives, chemical	ashtrays, parts t handles100%	for can openers aviation—Produ Aviation—Produ No # EXPLAIN ALL "YE 4 Any catastrophe x 5 Any other insura X 6 Any policy or con	as a cabinet handles acts Excluded S" RESPONSES exposure? nce with this company or being verage declined, cancelled or	s, bathroom Yes
ENERAL INFORMATION EXPLAIN ALL "YES" RESPONSES Is the applicant a subsidiary of another entity or dependent of the applicant and subsidiaries? Is a formal safety program in operation? Any exposure to flammables, explosives, chemical	ashtrays, parts t handles—100% Ye: oes	for can openers aviation—Produ No # EXPLAIN ALL "YE 4 Any catastrophe X 5 Any other insura X 6 Any policy or con X non-renewed du	s, cabinet handles acts Excluded S''RESPONSES exposure? nce with this company or being verage declined, cancelled or ring the prior 3 years?	Yes submitted?
ENERAL INFORMATION EXPLAIN ALL "YES" RESPONSES Is the applicant a subsidiary of another entity or deposition that the applicant have any subsidiaries? Is a formal safety program in operation? Any exposure to flammables, explosives, chemical temporary and with intent to deposit the applicant have any subsidiaries? APPLICABLE IN NEW YORK STAND PERSON Who knowingly and with intent to deposit the application of the applicant have any subsidiaries? APPLICABLE IN NEW YORK STAND PERSON WHO knowingly and with intent to deposit the application of the applicatio	ashtrays, parts t handles—100% Ye: oes	for can openers aviation—Produ No # EXPLAIN ALL "YE 4 Any catastrophe X 5 Any other insura X 6 Any policy or con X non-renewed du	s, cabinet handles acts Excluded S''RESPONSES exposure? nce with this company or being verage declined, cancelled or ring the prior 3 years?	Yes submitted?

IERCIAL GENERAL LIABILITY SECTION
HT APPLICANT (First Named Insured)

DATE (MM/DD/YY)

8/24/92

PRODUCER

BROOKS INSURANCE SERVICES P.O. BOX 3759 CHATSWORTH, CA 91313-3759 (818) 709-1961 FAX (818) 709-1346

Excello Plating Company PROPOSED EXP. DATE PROPOSED EFF. DATE

BILLING PLAN PAYMENT PLAN AGENCY X

AUDIT

11/11/92 FOR COMPANY USE ONLY 11/11/93

DIRECT

COMMERCIAL GENERAL LIABILITY	GENERAL AGGREGATE	\$ 1,000,000	PREMIUMS
CLAIMS MADE OCCURRENCE	PRODUCTS & COMPLETED OPERATIONS AGGREGATE	s excluded	PREMISES/OPERATIONS
OWNER'S & CONTRACTORS PROTECTIVE	PERSONAL & ADVERTISING INJURY	\$ 1,000,000	
	EACH OCCURRENCE	\$ 1,000,000	
EDUCTIBLES	FIRE DAMAGE (ANY ONE FIRE)	\$ 50,000	PRODUCTS
PROPERTY DAMAGE \$ 500	MEDICAL EXPENSE (ANY ONE PERSON)	\$ 5,000	
\$ PER CLAIM	100 mg		
\$ PER OCCURRE!	NCE		OTHER

Loc	CLASSIFICATION	CLASS	PREMIUM BASIS	TERR.	RATE PREM/OPS PRODUCTS	PREM/OPS	MIUM PRODUCTS
			(s) GROSS SALES (p) PAYROLL (a) AREA (c) TOTAL COST (t) OTHER		(s) per \$1,000 (p) per \$1,000/pay (a) per 1,000 sq. ft. (c) per \$1,000/cost (t) per unit		
N DO.	oplating	52547	s)600,000 V				

CLAIMS MADE (Exp	lain All "Yes" Responses) DAMMIS	IS THERE A SM	TRANSITION	TRUME	DACTIVE/NUCLEAR MAT	OSURE TO PLOI	R AMY EKE
HAS ANY PRODUC	UNINTERRUPTED CLAIMS MADE COVE T, WORK, ACCIDENT, OR LOCATION UNINSURED OR SELF-INSURED	RAGE: n/a	1 TRANSITION?	QUALIFIES FO	CATION NOT QUALIFIED R TRANSITION, INDICATI AND:		YES NO
	GE PURCHASED UNDER ANY		NEW CLASS	PREV. BASE	PREVIOUS EXPOSURE	APPLICABLE PREMISES	COVERAGE PRODUCTS
COMMENTS						PREMISES	PRODUCTS
					7	PREMISES	PRODUCTS
		Tills -				PREMISES	PRODUCTS
		N. Value 1				PREMISES	PRODUCTS
	Payro	11:\$210,00	0			PREMISES	PRODUCTS
ACORD 126-S (3/88)	PLE.	ASE COMPLETE	REVERSE SID	E ASZA	AC	CORD CORPOR	ATION 1988

PROPERTY SECTION

DATE (MM/DD/YY) 8/24/92

PRODUCER

ACORD 140-S (7/88)

BROOKS INSURANCE SERVICES P.O. BOX 3759 **CHATSWORTH, CA 91313-3759** (818) 709-1961 FAX (818) 709-1346

APPLICANT (first Named Insured)

Excello Plating Company

PROPOSED EXP. DATE PROPOSED EFF. DATE

BILLING PLAN

PAYMENT PLAN AUDIT

© ACORD CORPORATION 1988

11/11/92

11/11/93

X AGENCY DIRECT

FOR COMPANY USE ONLY

REMISES INFORMATION			other displaying the second second					Janas Maria	The Continuous
SUBJECT OF INSURANCE	AMOUNT	COINS % VALUAT	ION CAUSES OF LOSS	GUARD %	DEDUCTIBLE	F	ORMS AND	CONDI	TIONS TO APPLY
						n.:	FOF	ATT	Piole
contents	566,000	90	Special	1000	1	Fire,	ECE,	ALL	KISK
business income							TOT		D: -1-
earnings.	200,000	50	Special			Fire.	ECE.	Al.I.	KISK
Training and Artifacture Committee of the Committee of th	71.784			and -					
	1				Pari				
DITIONAL COVERAGES, RESTRICT	IONS, ENDORSEMENTS	AND RATING INFOR	MATION		edana an a managana			-	ALADA MINE MINE PROPERTY
	A CONTROL OF THE CONT								
NSTRUCTION TYPE	PROT. C	L. # STORIES # BA	SM'TS YR. BUILT TOT	AL AREA	OTHER O	CCUPANCIE	S		
		1		000	NONE				
_Block	02	1 0	1900 /(////					
ILDING IMPROVEMENTS	PLUMBING, YR:								
WIRING, YR:	HEATING, YR:								
ROOFING, YR:	OTHER	*********			1 1		111		
GHT EXPOSURE & DISTANCE		LEFT EXPOSURE 8	DISTANCE		REAR EXPO		TANCE		
Tndustria1		Industri	al .		Parki	ng			
IRGLAR ALARM TYPE		CERTIFICATE #		ATION DATE		EXTENT	GRADE		CENTRAL STATION
I 1 Co					3				WITH KEYS
Local Gong						# GUARDS/	WATCHME	N	CLOCK HOURLY
	ERVICED BY								
	ERVICED BY								
JRGLAR ALARM INSTÄLLED AND S			FIRE A	LARM MANUF	ACTURER	*********************	www.comic.emp.comic.emp.		CENTRAL STATION
URGLAR ALARM INSTÄLLED AND S			FIRE A	LARM MANUF	ACTURER	***************************************			
RE PROTECTION (Sprinklers, Standp	ipes, CO₂/Halon Systems)					F :	FORMS AN	ND COND	LOCAL GONG
URGLAR ALARM INSTALLED AND S		COINS % VALUA			ACTURER ON DEDUCTIBL	E	FORMS AN	ND COND	
URGLAR ALARM INSTALLED AND S IRE PROTECTION (Sprinklers, Standp CO2 canisters SUBJECT OF INSURANCE PR	ipes, CO₂/Halon Systems)					E	FORMS AN	ND COND	LOCAL GONG
RE PROTECTION (Sprinklers, Standp CO2 canisters SUBJECT OF INSURANCE	ipes, CO₂/Halon Systems)					E .	FORMS AN	ND COND	LOCAL GONG
RE PROTECTION (Sprinklers, Standp CO2 CADISTERS SUBJECT OF INSURANCE PR R E	ipes, CO₂/Halon Systems)					E	FORMS AN	ND COND	LOCAL GONG
RE PROTECTION (Sprinklers, Standp CO2 CADISTERS SUBJECT OF INSURANCE P R E	ipes, CO₂/Halon Systems)					E	FORMS AN	ND COND	LOCAL GONG
RE PROTECTION (Sprinklers, Standp CO2 canisters SUBJECT OF INSURANCE A O O O	ipes, CO₂/Halon Systems)					E	FORMS AN	ND COND	LOCAL GONG
RE PROTECTION (Sprinklers, Standp CO2 CADISTERS SUBJECT OF INSURANCE PR E E M O O B L D	ipes, CO₂/Halon Systems)					E	FORMS AN	ND COND	LOCAL GONG
RE PROTECTION (Sprinklers, Standp C.O.2 canisters SUBJECT OF INSURANCE B	ipes, CO₂/Halon Systems)					E	FORMS AN	ND COND	LOCAL GONG
RE PROTECTION (Sprinklers, Standp C.O.2 CADISTERS SUBJECT OF INSURANCE PR BR CO.	ipes, CO₂/Halon Systems)					E .	FORMS AN	ND COND	LOCAL GONG
RE PROTECTION (Sprinklers, Standp CO2 CADISTERS SUBJECT OF INSURANCE PR BE OO. BL D D G G OO.	ipes, CO ₂ /Halon Systems) AMOUNT	COINS % VALUA	TION CAUSES OF LOS			E	FORMS AN	ND COND	LOCAL GONG
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RE PROTECTION (Sprinklers, Standp CO2 CADISTERS SUBJECT OF INSURANCE PR BE BOOLO SOUNTINONAL COVERAGES, RESTRICE CONSTRUCTION TYPE BUILDING IMPROVEMENTS	AMOUNT TIONS, ENDORSEMENTS PROT. PLUMBING, YR.	COINS % VALUA	TION CAUSES OF LOS	S INFLATIO	OTHER C	DCCUPANC	ES	ND COND	LOCAL GONG
RE PROTECTION (Sprinklers, Standp CO2 canisters SUBJECT OF INSURANCE PR BE MOO. DDITIONAL COVERAGES, RESTRIC CONSTRUCTION TYPE BUILDING IMPROVEMENTS WIRING, YR: ROOFING, YR:	AMOUNT TIONS, ENDORSEMENTS PROT. PLUMBING, YR:	COINS % VALUA	RMATION ASM'TS YR. BUILT TO	S INFLATIO	OTHER C		ES	ND COND	LOCAL GONG
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RE PROTECTION (Sprinklers, Standp CO2 CADISTERS SUBJECT OF INSURANCE B OO. DDITIONAL COVERAGES, RESTRIC CONSTRUCTION TYPE SUILDING IMPROVEMENTS WIRING, YR: ROOFING, YR: RIGHT EXPOSURE & DISTANCE	AMOUNT TIONS, ENDORSEMENTS PROT. PLUMBING, YR:	COINS % VALUA	TION CAUSES OF LOS	S INFLATIO	OTHER C	DCCUPANC	ES	ND COND	LOCAL GONG
RE PROTECTION (Sprinklers, Standp C.O.2 CADISTERS SUBJECT OF INSURANCE PR BE MOO. DDITIONAL COVERAGES, RESTRICE CONSTRUCTION TYPE BUILDING IMPROVEMENTS WIRING, YR:	AMOUNT TIONS, ENDORSEMENTS PROT. PLUMBING, YR:	COINS % VALUA B AND RATING INFOR	TION CAUSES OF LOS	S INFLATIC	OTHER C	OCCUPANCE	ES	ND COND	LOCAL GONG
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RE PROTECTION (Sprinklers, Standp CO2 CATISTERS SUBJECT OF INSURANCE PR BE MOO. DDITIONAL COVERAGES, RESTRICE CONSTRUCTION TYPE BUILDING IMPROVEMENTS WIRING, YR: ROOFING, YR: RIGHT EXPOSURE & DISTANCE	AMOUNT TIONS, ENDORSEMENTS PROT. PLUMBING, YR: OTHER	COINS % VALUA B AND RATING INFOR	TION CAUSES OF LOS	S INFLATIC	OTHER C	DCCUPANCI	IES ISTANCE GRADE		CENTRAL STATIC
RE PROTECTION (Sprinklers, Standp CO2 CADISTERS SUBJECT OF INSURANCE B B CO	AMOUNT TIONS, ENDORSEMENTS PROT. PLUMBING, YR: HEATING, YR: OTHER	COINS % VALUA S AND RATING INFOR	RMATION ASM'TS YR. BUILT TO	TAL AREA	OTHER C	DCCUPANCI	IES ISTANCE GRADE		CENTRAL STATIC WITH KEYS CLOCK HOURLY
RE PROTECTION (Sprinklers, Standp C.O.2 CADISTERS SUBJECT OF INSURANCE PR BE MOO. BDDITIONAL COVERAGES, RESTRICE CONSTRUCTION TYPE BUILDING IMPROVEMENTS WIRING, YR: ROOFING, YR: RIGHT EXPOSURE & DISTANCE	AMOUNT TIONS, ENDORSEMENTS PROT. PLUMBING, YR: HEATING, YR: OTHER	COINS % VALUA S AND RATING INFOR	RMATION ASM'TS YR. BUILT TO	S INFLATIC	OTHER C	DCCUPANCI	IES ISTANCE GRADE		CENTRAL STATIC

ATTACH TO APPLICANT INFORMATION SECTION

GOLDEN EAGLE INSURANCE COMPANY PREMIUM WORKSHEET

CONFRENTIAL

INSURED EXCELLO PLATING CO	EFFECTIVE DATE: 11-11-92
NEW BUSINESS: RENEWAL:	0.00 0.00
AGENT: GRAY-Stone & Co. POLICY LOSS RATIO: O CO CURRENT YEAR POLICY	
NO CONTROL OF THE CON	PREMIUMS Recommended This Year
PROPERTY 2 003	2,003
GENERAL LIABILITY 2,158	2,158
INLAND MARINE	
CRIME	
AUTOMOBILE	
TOTAL \$ 4, 161	s 4,161:
EXPOSURE	CHANGES
PROPERTY: (Only if excess of 10%)	
GENERAL LIABILITY:	
AUTOMOBILES: Note: GL changes in payroll or receipts. Auto total number of the state of the sta	of vehicles. \$600,000 SALES
PROP GL AL PACKAGE EXPERIENCE SCHEDULE DEVIATION COMM. REDUCTION FINAL RMF PROP GL AL 150 1711 1.021 711 1.021 711 1.021	APHYD GAR IM CRIME OTHER
COMMENTS: Chrome & Nickel P	LATING. OK TO QUOTE
Same As LAST YEAR	a \$4,1615
UNDERWRITER:	UNIT LEADER APPROVAL: KATHY SUBLETT
DATE:	DATE: 2 1992

GOLDEN EAGLE INSURANCE COMPANY • UNDERWRITER RENEWAL/ENDORSEMENT CHECKLIST

	CP167312 EFFEC	CTIVE DATE: 11-11-92	- COMPARENT	121
ENEWAL QUOTE:	X			
ENEWAL ISSUE: _	RENEWAL CERT.?	RENEWAL POLICY?		
NDORSEMENT: _				YES N
AMED INSURED:	Excello PLI	Ating Lo.	TREATY EXCLUSION	
DRESS:			REFERRAL	
			FACULTATIVE REINS	
RODUCER:	RAU-Stone		* CESSION STATEMENT	
IDERWRITER:			ICC/PUC FILING	
	DE:		STATEMENT OF VALUES	
1000 HZ, ZHZIVO			SPECIAL APPLICATION	
THER INFORMAT	ION:	(a)	LAYOFF RE-INS	
THEIT IN OTHER			SHEET * ROUTE TO UNDERWRITING SECRETARY	
	DA	ATE		
AZARD CODES:		ERED RATING OPTIONS:		FREQUENC
ROP	LOSS CONTROL SURVEY*	EXPERIENCE RATING LINES OF BIZ APPLICABLE:	LINE OF BUSINESS:	
	D&B REPORT*	LIABILITY		
ROD	CURRENT LOSS RUNS	AUTO: DAMLIAB		
JTO	MVR'S*	SCHEDULE RATING PER FORM(S) ATTACHED		
RIME	SPRKLER REPORT*	OTHER	TEST AUDIT?	
	OTHER *INDICATE IF WAIVED			
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OMMENTS:	Lease I Llork	LIPRENELIAL	- Quote @	
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		BATER	CONTINUE COMMENTS ON	REVERSE S
UNDERWRITER		RATER (2-02-97 IN)	CONTINUE COMMENTS ON TYPIST	
UNDERWRITER	R APPROVED	(2.02-92 EN	CONTINUE COMMENTS ON TYPIST	REVERSES
UNDERWRITER IREILE MOSEG	R APPROVED	CORA CRISOSTOMO	CONTINUE COMMENTS ON TYPIST	ElVED IN
UNDERWRITER	R APPROVED	(2.02-92 EN	CONTINUE COMMENTS ON TYPIST REC SEP	

NDRWR02

LOSS EXPERIENCE AS OF 09/23/92 AT 1:05:42 PM BY CU2

POLICY: CCP-167312-00

INSURED: EXCELLO PLATING COMPANY

EFF DATE: 11-19-91 FORM: CMP

EXP DATE: 11-19-92 CLASS: 3471

POLICY DATE: 09-92

CLAIM DATE: 09-92

EXECUTIVE_SUMMARY ...

POLICY_INEQEMATION

ESTIMATED PREMIUM	0.00
BILLED PREMIUM	4,161.00
UNEARNED PREMIUM	520.13
EARNED PREMIUM	3,640.87
INCURRED LOSSES	0.00
LOSS RATIO _INCUBRED_LOSSES_ EARNED PREMIUM	0%

IDTAL PAID TO DATE AND RESERVES

LOSSES PAID			0.00
EXPENSES PAID		************	0.00
TOTAL PAID			0.00
RESERVES	3	*	0-00
INCURRED LOSSES			0.00

LOSSES FOR THE PERIOD

	T	OTAL
	TO	DATE
OPEN SUFFIXES		0
CLOSED SUFFIXES		0

PRODUCER'S NAME & ADDRESS GRAY-STONE & COMPANY P.O. BOX 889 WOCDLAND HILLS CA 91365 (818) 593-3333

CO MPANY A GOI MPANY B GOI MPANY C TITER C MPANY D REI MPANY E MY HAVE BEEN ISSI TION OF ANY CON- FORDED BY TILE: MY HAVE BEEN REI POLICY EFFECTIVE DATE (MM/DD/YY) 11/10/91	MPANIES AFF DEN EAGLE DEN EAGLE PUBLIC IND DED TO THE INSURE RACT OR OTHER IS DESCRIBE DUCKED BY PAID COLOR OF THE POLICY EXPIRATION DATE (MM/DD/YY)	INS CO EMNITY ED NAMED ABOVE FOR THE COCUMENT WITH RESPECT TO THE COCUMENT WITH RESPECT WITH WITH WITH WITH WITH WITH WITH WIT	HE POLICY PERIOD TO WHICH THIS D ALL THE TERMS,
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TION OF ANY CON- FORDED BY THE F- MAY HAVE BEEN RE POLICY EFFECTIVE DATE (MM/DD/YY) 11/10/91	POLICY EXPIRATION DATE (MM/DD/YY)	DOCUMENT WITH RESPEC D PEREIN IS SUBJECT TO LAIMS. LIMITS GENERAL AGGREGATE	T TO WHICH THIS D ALL THE TERMS,
11/10/91	DATE (MM/DD/YY)	GENERAL AGGREGATE .	
	11/10/92		\$2,000,000
11/10/01		PERSONAL & ADV. INJURY EACH OCCURRENCE FIRE DAMAGE (Any one fire) MED. EXPENSE (Any one person)	\$1,000,000 \$1,000,000 \$1,000,000 \$50,000
11/10/91	11/10/92	COMBINED SINGLE	\$1,000,000
		BODILY INJURY (Per person)	\$
RED FILE		BODILY INJURY (Per accident)	\$
		PROPERTY DAMAGE	s
		EACH OCCURRENCE AGGREGATE	\$
11/10/91	11/10/92	X STATUTORY LIMITS EACH ACCIDENT DISEASEPOLICY LIMIT DISEASEEACH EMPLOYEE	\$1,000,000 \$1,000,000 \$1,000,000
2 A 10			
	SEARCH RETURN 11/10/91	STANDARD CONTRACTOR OF THE STANDARD STA	SEARCH RETURN PROPERTY DAMAGE EACH OCCURRENCE AGGREGATE 11/10/91 11/10/92 X STATUTORY LIMITS EACH ACCIDENT DISEASE-POLICY LIMIT

ACORD. CERTIFICA ? OF INSURANCE

ISSUE DATE (MM/DD/YY)

2/26/92

PRODUCER

CALIFORNIA COASTAL INS PO BOX 5076 CA 94583 SAN RAMON

INSURED

PIPING SYSTEMS INC 8100 CAPWELL DRIVE CA 94621 OAKLAND

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE COMPANY LETTER GOLDEN EAGLE INS CO COMPANY B LETTER GOLDEN EAGLE INS CO COMPANY C COMPANY D LETTER REPUBLIC INDEMNITY

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COMPANY E

CCP167311	11/10/91	11/10/92	GENERAL AGGREGATE	\$2,000,000
001107011			GENERAL AGGILLANIE	\$2,000,000
			PRODUCTS-COMP/OP AGG.	\$1,000,000
			PERSONAL & ADV. INJURY	\$1,000,000
			EACH OCCURRENCE	\$1,000,000
			FIRE DAMAGE (Any one fire)	\$50,000
			MED. EXPENSE (Any one person)	\$5,000
CCP167311	11/10/91	11/10/92	COMBINED SINGLE LIMIT	\$1,000,000
			BODILY INJURY (Per person)	\$
			BODILY INJURY (Per accident)	s
	001100		PROPERTY DAMAGE	\$
			EACH OCCURRENCE	S
			AGGREGATE	\$
DG003506	11/10/91	11/10/92	X STATUTORY LIMITS	
PC993506	11/10/51	11/10/52	EACH ACCIDENT	\$1,000,000
	1 Nº 4		DISEASEPOLICY LIMIT	\$1,000,000
			DISEASEEACH EMPLOYEE	
	PC993506			CCP167311

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS All California Operations

CERTIFICATE HOLDER

MERE MEGENEE

1992 MAR 3

BROWN & ROOT SERVICES CORP. P O Box 23605

Oakland

CA 94623

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTA

GACORD CORPORATION 1990

ACORD 25-S (7/90)

CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

Jan. 8, 1992

Brooks Insurance Services
P.O. Box 3787
Chatsworth, CA. 91313
818/709-1961

Excello Plating Company 4057 Goodwin Avenue

Los Angeles, CA. 90032

FAX 818/709-1346

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY A Golden Eagle c/o Gray-Stone & Company

COMPANY B LETTER

COMPANY C

COMPANY D LETTER

COMPANY E LETTER

COVERAGES

INSURED

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

POLICY EFFECTIVE POLICY EXPIRATION

LTR	THE OF INSURANCE	POLICY NUMBER	DATE (MM/DI	D/YY)	DATE (MM/DD/YY)	- 1	e. 	10.00	
	GENERAL LIABILITY					GENERAL AGGREGATE	S		
	COMMERCIAL GENERAL LIABILITY					PRODUCTS-COMP/OP AGG.	S		
	CLAIMS MADE OCCUR.					PERSONAL & ADV. INJURY	s		
	. OWNER'S & CONTRACTOR'S PROT.		KATHY SUBI	ETT		EACH OCCURRENCE	\$		
			KAINIOO			FIRE DAMAGE (Any one fire)	s		
		0 070 - 1905 to	FEB 03 1	392		MED. EXPENSE (Any one person)	s		
	AUTOMOBILE LIABILITY ANY AUTO		7 60			COMBINED SINGLE LIMIT	s	×1	
	ALL OWNED AUTOS SCHEDULED AUTOS					BODILY INJURY (Per person)	\$		
	HIRED AUTOS NON-OWNED AUTOS		☐ Attach		Red File	BODILY INJURY (Per accident)	S		
	GARAGE LIABILITY		D Pull		Search	PROPERTY DAMAGE	\$		
	EXÇESS LIABILITY		BOOKE II	-	Return	EACH OCCURRENCE	S		8
	UMBRELLA FORM OTHER THAN UMBRELLA FORM			_	Metalli	AGGREGATE	3		
*** 3 ** ***	The second secon		AND MAJORITHM TO SERVICE OF THE COMMENT OF THE SERVICE OF THE SERV		e me serveren de com	STATUTORY LIMITS			
	WORKER'S COMPENSATION				£	EACH ACCIDENT	S		
	AND					DISEASE-POLICY LIMIT	\$		
	EMPLOYERS' LIABILITY					DISEASE—EACH EMPLOYEE	s		
Λ	OTHER Devices I				1				
А	Business Personal Property CCP	16 73 12	11/11/	91	11/11/92	\$566,000.			

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER Loss Payee

AT&T Credit Corporation c/o Lease Insurance Agency Services P.O. Box 96064 Bellevue, Washington 98009

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

CONFIDENTIAL

DO NOT REMOVE

NAMED INSURED:	Excello	Plentry
		NEW BUSINESS:
EFFECTIVE DATE:	11-11-91	RENEWAL:
QUOTE:		ISSUE:
	DATE	INITIALS
TO UNDERWRITER:	İN:	
TO NEW BUSINESS:	IN:	
	QUT:	
TO UNDERWRITER:	IN:	
	OUT: 12/4	<u> </u>
	*	,
TO RATING:	IN:OMIA,9	
RATER:	1561 = - 930	12-5-91 mg
	OUT:	12-5-91 mg
	MI GEWIEDER	
TOTAL POLICY PREMI	UM: 4161+	ugo
TO DATA ENTRY:	IN: 12-15	MAS
	D/E://	
	OUT:	
	10 1-	0.A
TO POLICY TYPING:	IN: 200	L POL
TYPIST:	SANDRA CHENA MARILYN RAM	ULT
COLLATING:	UEC 1 3 19	91
	OUT:DEU 1 6 199	1
TO MAIL ROOM:		
TOTAL DAYS PROCESS	ED:	<u> </u>
OVER 30 DAYS PAST	EFFECTIVE DATE/	CAUSE FOR DELAY:
1.4		

30751

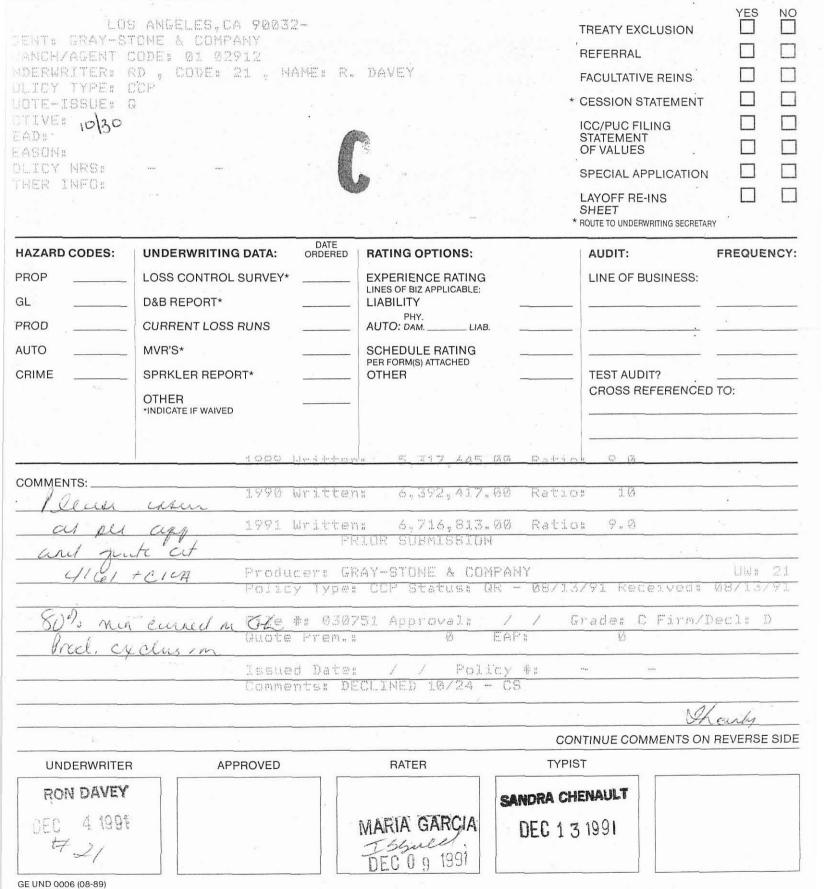
ECEIVED: 08/26/91

EFFECTIVE: 11/11/91

MSURED: EXCELLO PLATING COMPANY

CCOUNT #: EXCELLØ08

DDRESS: 4057 GOODWIN AVE



COMMON POLICY DECLARATIONS GOLDEN EAGLE INSURANCE COMPANY

POLICY NO	ocp 167312	
DENEWS	10000	

	FIRST NAMED INSURED: Chelled Plating Company
	MAILING ADDRESS: 4057 Covodovin Cenemie
	POLICY PERIOD: FROM: Nordon les 11, 1991 TO November 11, 149 2- (12:01 A.M. Standard Time at your mailing address shown above)
	(12.01 A.M. Standard Time at your maining address shown above)
	NAMED INSURED ENTITY: Corporation TOWN AND STATE:
	IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.
	THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.
	Boiler and Machinery Coverage Part \$ No T Covered
	Boiler and Machinery Coverage Part \$ 10 / Coverage Strip Str
	Commercial Crime Coverage Part \$
	Commercial General Liability Coverage Part\$ 3/58
	Commercial Inland Marine Coverage Part \$ not livered
	Commercial Property Coverage Part \$ 2003
	Farm Coverage Part \$ No + Covered
	s
	Installment Charge \$
	TOTAL \$ 4/6/+
	Dramium shown is psychla: (17) set tone Ciga 21
	Premium shown is payable: at I extra 21
	Forms applicable to all Coverage Parts:
	BECDI 802 Alo 288) BECPD 910(01 CG) -, 0003 (01.00) TI 0021(110
_	BECP 1 802 A(0188) BECPD 910(0689) IL0003 (0689) IL0021 (118) IL0017(1185) IL0270(0388) Acceptations
	COUNTERSIGNED: (Date) BY: (Authorized Representative)
	(Date) (Authorized Representative)

COMMERCIAL PROPERTY COVERAGE PART SUPPLEMENTAL DECLARATIONS **GOLDEN EAGLE INSURANCE COMPANY**

CONFIDENTIAL

POLICY NO:

EFFECTIVE DATE:

12:01 A.M., Standard Time

NAMED INSURED:

AGENT OR BROKER CODE:

DESCRIPTION OF PREMISES

PREM. NO. BLDG. NO. LOCATION

CONSTRUCTION AND OCCUPANCY

4057 Coodwin and Occupancy - Chrome & Allkel Fes angeles, On. 90032

COVERAGES PROVIDED—Insurance at the described premises applies only for coverages for which a limit of insurance is shown.

PREM. NO. BLDG. NO. COVERAGE

LIMIT OF INSURANCE 566,000

COVERED CAUSES OF LOSS

DEDUCTIBLE

COINSURANCE**

Personal Property Business Income

200,000

"IF EXTRA EXPENSE COVERAGE, LIMITS ON LOSS PAYMENT

OPTIONAL COVERAGES—Applicable only when entries are made in the schedule below.

PREM. NO.

BLDG. NO.

AGREED VALUE

EXPIRATION DATE

COVERAGE

AMOUNT

REPLACEMENT COST (X)

BUILDING PERSONAL PROPERTY

INCLUDING "STOCK"

INFLATION GUARD (Percentage) BUILDING

PERSONAL PROPERTY

*MONTHLY LIMIT OF INDEMNITY (Fraction)

*MAXIMUM PERIOD OF INDEMNITY (X)

*EXTENDED PERIOD OF INDEMNITY (Days)

*APPLIES TO BUSINESS INCOME ONLY.

MORTGAGE HOLDERS

PREM. NO. BLDG. NO.

MORTGAGE HOLDER NAME AND MAILING ADDRESS

FORMS APPLICABLE TO SPECIFIC PREMISES/COVERAGES

PREM. NO. BLDG. NO. COVERAGES

Commercial Property

FORM NUMBER

CF175(0186), CP0010(1090), CP0090(0788), CP0121(0788), GECP805(1089), CP0299(1185), CP0030(1090) Cp 1030(1090)

These Declarations when combined with the common policy declarations, the common policy conditions, coverage form(s) and endorsements, if any issued to form a part thereof, complete the contract of insurance.

GE CP 801 (08-89)

CONFIDENTIAL

COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS OCCURRENCE FORM GOLDEN EAGLE INSURANCE COMPANY

POLICY NO.: V			12:01 A.M., Standard Ti
		AGENT OR BROKER (ODE:
LIMITS OF INSURANCE			
General Aggregate Limit (O Products—Completed Oper Personal and Advertising In Each Occurrence Limit Fire Damage Limit Medical Expense Limit	Other Than Products—Completed rations Aggregate Limit njury Limit	\$ <u>Eyelu</u> \$ <u>1,000</u> \$ <u>1,000</u> \$ <u>50</u> ,	
LOCATION OF PREMISES			
Location of All Premises You 4057 Book	ou Own, Rent or Occupy: Living Owenup, J	or angules i	la 90032
a P			
	1		8
PREMIUM .	Premium Bas	io Dal	
Classification	Code No. and Exposur		Advance Premium Pr/Co All Oth
traplating	505475)600,00	ero Exel/3:479	s Etels so
2.47			
Consenent Premine	w		
			/

These Declarations when combined with the common policy declarations, the common policy conditions, coverage form(s) and endorsements, if any, issued to form a part thereof, complete the contract of insurance.

GE-CG801A(0891), CL175(0286), CG0001(1188), GE-CG806(1088), GE-CG824(0289), GE-CG825(0189), GE-CG828(0188) (185) (30 300 (185) (30 301 (185) (30 310 4 (1185)

Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CG 03 00 11 85

DEDUCTIBLE LIABILITY INSURANCE

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Coverage	Amount and Bas	is of Deductible
Bodily Injury Liability	\$ m/	per claim
	\$ ne/	per occurrence
Property Damage Liability	\$ 500	per claim
	\$ rel	per occurrence
Bodily Injury Liability and Property	\$ m1	per claim
Damage Liability Combined	\$ ~/	per occurrence

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

APPLICATION OF ENDORSEMENT (Enter below any limitations on the application of this endorsement. If no limitation is entered, the deductibles apply to damages for all "bodily injury" and "property damage", however caused):—

- 1. Our obligation under the Bodily Injury Liability and Property Damage Liability Coverages to pay damages on your behalf applies only to the amount of damages in excess of any deductible amounts stated in the Schedule above as applicable to such coverages, and the limits of insurance applicable to "each occurrence" for such coverages will be reduced by the amount of such deductible. "Aggregate" limits for such coverages shall not be reduced by the application of such deductible amount.
- 2. The deductible amounts stated in the Schedule apply as follows:
 - A. PER CLAIM BASIS—if the deductible is on a "per claim" basis, the deductible amount applies:
 - 1. Under the Bodily Injury Liability or Property Damage Liability Coverage, respectively:
 - a. To all damages because of "bodily injury" sustained by one person, or
 - To all damages because of "property damage" sustained by one person or organization,

as the result of any one "occurrence".

2. Under Bodily Injury Liability and Property

Damage Liability Coverage combined to all damages because of "bodily injury" and "property damage" sustained by one person or organization as the result of any one "occurrence".

- B. PER OCCURRENCE BASIS—if the deductible is on a "per occurrence" basis, the deductible amount applies:
 - 1. Under the Bodily Injury Liability or Property Damage Liability Coverage, respectively:
 - To all damages because of "bodily injury" as the result of any one "occurrence", or
 - b. To all damages because of "property damage" as the result of any one "occurrence".

regardless of the number of persons or organizations who sustain damages because of that "occurrence".

2. Under Bodily Injury Liability and Property Damage Liability Coverage combined to all damages because of "bodily injury" and "property damage" as the result of any one





COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY

E READ IT CAREFULLY.

ADDITIONAL INSUR

OR LESSORS OF

This endorsement modifies insurance provid

COMMERCIAL GENERAL LIABILITY

TYPISI TO SPECT NOWS

SCHEDULE

1. Designation of Premises (Part Leased to You): 4057 Gardiana aucuse, for angeli la 90032 Designation of Premises (Part Leased to rou). 405 / 600.
 Name of Person or Organization (Additional Insured): Spirito Family trust
 Additional Premium: 1/
 Additional Premium: 1/
 Spirito Family trust
 Called Elargo far as treestee
 896 No Raymond, Pasadera La

(If no entry appears above, the information required to complete this endorsement will be shown in the Declara-91103 tions as applicable to this endorsement.)

WHO IS INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

- 1. Any "occurrence" which takes place after you cease to be a tenant in that premises.
- 2. Structural alterations, new construction or demolition operations performed by or on behalf of the person or organization shown in the Schedule.

Property-Casualty Policy Issuance Instructions



	Excell	0 /1	ceting			
Named Insured: — Policy Number: —	CCP 1673	12	Policy Perio	od: —	11-11-91 to	11-11-9
Program: Yes ()	No (L) Nu	umber of ocation:	/		Units: -	0
Premium Breakdown: Property: Inland Marine Crime: Gar. Liab: Total Premium Premium Payment P	2003 m: 4161		Excess G.K.L. CIGA:	obile: 5: .L.:	2158 — Comm:	157
Quar Other Than Standa	terly () 6					
	orm No.		Descript oducts e 801 min	tion o	100	·
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Special Instructi	ons:				* m z = 1	
Composite Rated ()	Rate Base:	Ra	ate: ———		nimum emium: —	

GEIC-UNDERWRITER'S CHECKLIST

CEIVED: Ø8/	13/91 EFFECTI	VE: 11/:	11/91	(CONFRENTIAL		
CCOUNT #:EXE	ELO PLATING COMP LL0000 7 GOODWIN AVE	ANY					NO
LO SENT: GRAY-S	G ANGELES,CA 900 TONE & COMPANY	39-			TREATY EXCLUSION REFERRAL	YES	NO
	CODE: Ø1 Ø2912 RD , CODE: 21 ,	MAMEL D	NAME V		FACULTATIVE REINS		
	CCP	1414111ii - 18	n A/TIVII	*	CESSION STATEMENT	П	П
JOTE-ISSUE: CTIVE: EAD:	OR T				ICC/PUC FILING STATEMENT OF VALUES		
EASON:					SPECIAL APPLICATION		
DLICY NRS: THER INFO:					LAYOFF RE-INS SHEET ROUTE TO UNDERWRITING SECRETARY		
AZARD CODES:	UNDERWRITING DATA:	DATE ORDERED	RATING OPTIONS:		AUDIT:	FREQUE	NCY:
PROP	LOSS CONTROL SURVEY		EXPERIENCE RATING LINES OF BIZ APPLICABLE:		LINE OF BUSINESS:		
BL	D&B REPORT*		LIABILITY PHY.				
PROD	CURRENT LOSS RUNS	-	AUTO: DAM.:LIAB.	-	<u> </u>		
AUTO	MVR'S*	J an	SCHEDULE RATING PER FORM(S) ATTACHED				
CRIME	SPRKLER REPORT*	V20	OTHER .		TEST AUDIT?		
A.	OTHER *INDICATE IF WAIVED				CROSS REFERENCED	TO:	
COMMENTS:	1989) Writte	ms 5,317,645.00) Rati	o: 9.0		
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GE UND 0006 (08-89)

CONFIDENTIAL

RISK MOL ICATION WORKSHEET - CALIFC NIA ONLY

NAMED INSURED: Execute Plating POLICY #: CCP 1673/2 EFF. DATE: 11-11-9/

		CREDIT	DEBIT	COMMENTS
MAI	NAGEMENT	%	%	
.1,	COOPERATION WITH COMPANY	5	5	
2.	MAINTENANCE OF RECORDS FOR PURPOSE OF AUDIT	5	5	
3.	ATTITUDE TOWARD PUBLIC SAFETY & CONVENIENCE	5	5	
4.	COOPERATION IN SAFEGUARDING & HANDLING OF	5	5	
	INSURED PROPERTY			
EQ	JIPMENT			나는 사람이 많은 보이라 하는 것
1.	TYPE	5	5	
2.	AGE	5	5	
3.	SERVICING STANDARDS	5	5	
4	REPAIR FACILITIES	5	5	
5.	EQUIPMENT SAFEGUARDS	10	10	<u> </u>
6.	ADEQUACY OF OPERATIONS	10	10	
7.	USE BY EMPLOYEES—OFF DUTY	0	5	
RIS	K CHARACTERISTICS :			
1.	EMPLOYEES—SELECTION, TRAINING, SUPERVISION	5	5	-
2.	CONSTRUCTION OF BUILDING .	5	5	
3.	LOCATION OF RISKS	5	5	
4.	MAINTENANCE OF PREMISES	5	5	
5	AGE & CONDITION OF PREMISES	5	5	
6	TYPE OF MERCHANDISE OR PRODUCT	5	5	
7	SAFETY PRECAUTIONS -	5	5	
8	FREQUENCY OF ACCIDENTS	5	5	
9	SPREAD OF RISK	5	5	
10	. ANALYSIS OF EXPOSURE GRADING	5	5	
11	. UNSATISFACTORY CLAIMS CONDITIONS	0	5	
12	OPERATIONS, PROCESSES OR PRODUCTS UNUSUAL TO			
	CLASSIFICATION	5	5	
13	. PROTECTIVE SAFEGUARDS NOT OTHERWISE RECOGNIZED	D:		
	ALARMS, P <as>, LIFE SAFETY</as>	5	0	
	TOTALS	à:		
	MAXIMUM COMBINED		EBIT AVAI	= LABLE: 25 %
	ES/APPROVALS:			

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500 - July - Bury C. Berlin Physics and C. Starten (1994) 1994 (1994)	
NEW BUSINESS QUOTATION (Valid for 30 days Coverage is not bound.)	RENEWAL QUOTATION (Valid until renewal expiration date.)
TO: Gray Stone & Co Woodlend Hell CA	DATE: 10-50 9/
ATTN:	
WE HAVE PREPARED THE FOLLOWING PREMIUM C	POLICY NUMBER: QUOTATION FOR YOU. ALL PREMIUMS ARE ANNUAL
PROPERTY \$ 47 2003	GEN. LIAB. \$ 3/58
INLAND MARINE \$	AUTO \$
CRIME \$	EXCESS \$
ANNUAL PREMIUM \$ 3575 4161	CIGA \$ 36 COMM. 157
ALL COVERAGES, LIMITS AND DEDUCTIBLES ARE EXCEPTIONS:	AS PER YOUR APPLICATION WITH THE FOLLOWING
DEDUCTIBLES:	
PROPERTY	
☐ INLAND MARINE/CRIME	
GEN, LIAB.	
AUTO	
COVERAGES:	
PROPERTY	
☐ INLAND MARINE	
GEN. LIAB. SO 92 Hun caring of	Can Col
AUTO	
COMMENTS: Product excluded	
RELATIONSHIPS. GOLDEN EAGLE'S DEFINITION OF '	S IS THE KEY TO BUILDING STRONG BUSINESS GOOD SERVICE" INCLUDES PROVIDING COMPETITIVE OU AND GOLDEN EAGLE TO WRITE THE ACCOUNT—

GOLDE EAGLE INSURANCE CO PANY

UNDERWRITING DEPT.

QUOTE IS VALID FOR 30 DAYS. COVERAGE IS NOT BOUND. SPECIAL EXCLUSION: THIS QUOTE EXCLUDES COVERAGE FOR WRONGFUL TERMINATION, SEXUAL HARRASSMENT, ETC. BY ENDORSEMENT.

GOLDEN EAGLE INSURANCE COMPANY PREMIUM WORKSHEET



INSURED Excel	10 Plating	EFFECTIVE	DATE:	lulai
NEW BUSINESS:	RENEWAL:	POLICY NO.		
AGENT:	CURRENT YEAR YEARS	AGENCY CU	RRENT LOSS RA	TIO:
		PREMIUMS		
	Last Year	PHEIMIONIS	Recon	nmended This Year
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GENERAL LIABILITY				2158
INLAND MARINE		VIII.	1900	
CRIME				
AUTOMOBILE	Section 1			
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GENERAL LIABILITY:	ss of 10%)	E CHANGES	QUOTE ()K
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UNDERWRITER:	RON DAVEY	UNIT LEAD	ER APPROVAL: _	MAREN JOHNSON
DATE:		_ DATE:		
GE UND 0038 (11-89)	UCT 23 1991			OCT 23 1991

NAMED INSURED:	CELLO PLA	TING CO	MPANY Q-10-28-91
POLICY NUMBER:		NEW BUSINE	SS:
EFFECTIVE DATE:	11-11-91	RENEWAL:	
QUOTE:		ISSUE:	
	DATE	INITIALS	VATLE FIRE
TO UNDERWRITER:	IN:		KATHLEEN SUBLETT
TO NEW BUSINESS:	IN: 08-26-91	_CMK_	
	OUT: 08-26-91	_CMK	SALES \$600,000.
TO UNDERWRITER:	IN:		SALES #1000,000.
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	OUT:		LOSS RATIO 20
TO POLICY TYPING:	IN:		VOLUME 6, 392, 417.
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TO MAIL ROOM:	dd:		VOLUME 6,716,813.
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	FFECTIVE DATE/CAUSE	FOR DELAY:	
		IChco	A WIGGUIRE REACTIVATION
		AUG	SEE NEXT PAGE



August 22, 1991

Goldén Eagle Insurance Co. 7175 Navajo Road San Diego, CA 92119

Attn: Ron Davey

RE: EXCELLO PLATING COMPANY

PACKAGE

Effective: 11/11/91 RESERVED: 8/12/91

Dear Ron:

Please review attached application and advise if you can offer a quotation.

The insured is an electroplater. Loss runs or no loss letter to follow.

If you require additional information, please advise.

on, please advise.

Recards,

Betty Kent Broker

CRAY-STONE & COMPANY. P.O. Box 889 Vocadian Hills, CA 91965 (010) 593-3650 FAX (011) 593-	ATTITUTE A	PRLICANTAIN	BLAMATION SEC			DATE (MWDD/Y) 10-4-9 [
GRAY-SIONE & COMPANY. PO. Box 889 Woodland Hills, CA 91655 (918) 593-3650 FAX See Sub-Cook	ODUCER		CARRIER		UNDERWRITER	NEWTOL
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PRODUCER

BROOKS INSURANCE SERVICES P. O. BOX 3787

CHATSWORTH, CA 91313-3787 (\$18) 709-1961 FAX(818) 709-1346 APPLICANT (first Named Insured)

APPLICANT (first Named Insured)

EXCELLO PLATING COMPANY
PROPOSED EFF. DATE PROPOSED EXP. DATE

11-11-9 11-11-9Z

FOR COMPANY USE ONLY

BILLING PLAN

PAYMENT PLAN AUDIT

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T LAST 5 YEARS?	9
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GRAY-STONE & COMPANY

Insurance Exclusively Since 1947

DATE: 8/12/91	
TO: GOLDEN EAGLE	FROM: BETTY KENT
ATTN: IRENE MC GEFHE	
REGARDING: Excelle Plate	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
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21820 BURBANK BLVD., 4300, WOODLAND HILLS. CA 91367
PHONE (818) 593-3333 - FAX (818) 593-3550
MAILING ADDRESS. PO. BOX 889. WOODLAND HILLS CA 91367
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GRAY-STONE &

DATE: 11-11-91
TO: Galden Eagle FROM: Betty Hent
ATTN: Kon blowery
REGARDING: Excelle Blothing Eff 11/11/91
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21820 BUREANK BLVD. ACR WOODLAND HILLS CA 91357 PHONE (818) 590-1111 - FAX (8:8) 593-1650 MAILING ADDRESS, PO BOX 589, WOODLAND MILLS, CA 91055 NOV 13 1991

L'EDMI.	· To:
Wood land Hell CA	GOLDEN EAGLE INSURANCE CO.
ecceptand new ex	P.O. BOX 85826 SAN DIEGO, CA 92186-5826
	Attn: RON DAVEY.
ATTENTION Betty Kent	DATE: 10-23-91
NAMED INSURED Excello Plata	E Co
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Gray-Stone & Company Insurance

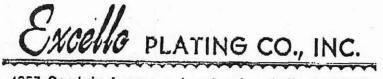
P.O. Box 889 Woodland Hills, CA 91365 Telephone # 818-593-3333 Fax 818-593-3650

TO: Jalden Engle	DATE_ 10-16-91 _	
ATTENTION Ron Davey	POLICY NO. Yew	New Order Renewal
NAME OF INSURED Excelle Plat	ini/	Endorsement Cancel
LOCATION		Bind Confirmation
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GOLDEN EAGLE INS.



4057 Goodwin Avenue Los Angeles, California 90039 (213) 245-3626

10/14/91

To Whom It May Concern:

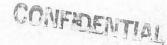
Excello Plating Co. Inc.,

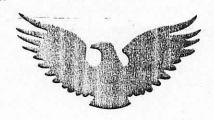
has sustained no losses within the last 5 yrs.

For Excello Plating,

Joyce Trudeau, Bookkeeper.

OCT 1 6 1991





GOLDEN EAGLE INSURANCE COMPANY

7175 Navajo Road • San Diego, California 92119-1642 • (619) 463-5800 Mailing Address: P.O. Box 85826 • San Diego, California 92186-5826 FAX: (619) 460-8860

FACSIMILE TRANSMITTAL

그 그 요즘 내용하는 그는 그 이 사람들은 사람들이 되었다. 하는 그리고 있다면 하는 것이 없는 것이 없다.	
DATE: 11- 23-94	
NUMBER OF PAGES: (INCLUDING COVER PAGE)	
TO: FAX NUMBER 714-760-1180	
FIRM NAME: 12.6. LEE	
ATTENTION: BUD LEE	
FROM: PAMELA FATREHEUS	
RE: NOVEMBER RENEWALS	
MESSAGE:	
I HAVE NOT RECEDIVED AN O	SUPUS TO BEHEN
ON THE FOURWENCE NOVEMBER AC	COUNTS , PLEASE ADUTESE
TE CLOSTAIC LETTERS SHOULD BE SEE	JT OUT OR IF
ANY OF THESE ACCOUNTS WERE O	overrooker;
A JCOP 239088 PHYCON INTL. 1	11 MILLIANT COON STURNEY 11/1
CHARLES CON 255542 EXCELLO PLATE	one Co. 11/11
9 CUP 255651 SAV-ON PLATE	no 11/15.
/ CCP 256432 INTERNATIONAL PO	ST SERVILE! 11/16
L CO 2559M2 SAN DIEGO SE	RENDIRITY 11/18
PLEARE CALL WITH ANY QUES	-?W&IT
THANK YOU	· ·
Pa	meh Feirbill
Les D	PAMELA FAIRCHILD
May 2 100	NOV 2 3 1994
5 CM 3 V	
MELA FAIRCHILD PRAN	FAXED
10 2 1994	
1994	NOV 23 1994

GOLDF 'EAGLE INSURANCE CO TPANY ON FROM TIAL

	DATE: 10-19-94
☐ NEW BUSINESS QUOTATION (Valid for 30 days. Coverage is not bound.)	RENEWAL QUOTATION (Valid until renewal expiration date.)
TO: 12 G - 16E	POLICY NO.: COP 7555472
CITY/STATE: NEWPORT REACH CA.	
ATTN: BID LEE	FAX NO.: 114-760-1180
RE: EXCELLO PLATTAL CO.	EXP. DATE: 11-94
WE HAVE PREPARED THE FOLLOWING PREMIUM QUOTATION FOR	YOU. ALL PREMIUMS ARE ANNUAL
UNLESS INDICATED. AUTO— GENERAL INLAND GARAGE* CRIME LIABILITY* MARINE	PROPERTY PREMIUM
\$\$\$\$\$	
# OF AUTOS	COMM. 155
EXCESS LIABILITY POLICY* \$ PER OCCURRENCE. (FOLLOW FORM) \$ ANNUAL AGGREGATE.	ANNUAL PREMIUM \$COMM
*MAY BE SUBJECT TO AUDIT.	
ALL COVERAGES, LIMITS AND DEDUCTIBLES ARE AS PER YOUR EXCEPTIONS:	APPLICATION WITH THE FOLLOWING
DEDUCTIBLES:	
☐ AUTO—GARAGE	- ×
GEN. LIAB. #500 B5 PD DEP CLASTA	
☐ INLAND MARINE	
PROPERTY	
COVERAGES:	
AUTO—GARAGE	
CRIME	
GEN. LIAB. DROSNETS + COMPLETED OF	e Cycliford
☐ INLAND MARINE	
Transport of the state of the	THIS LIPE BE DEMINES
EXCESS LIABILITY EXCENS LIABILITY	IS ANOTHER MOTECTIVE SAFEGUAR
COMMENTS: QUOTE IS PASSED ON ADVICE	,
GEV 8-15-9V.	

PROVIDING GOOD SERVICE TO OUR PRODUCERS IS THE KEY TO BUILDING STRONG BUSINESS RELATIONSHIPS. GOLDEN EAGLE'S DEFINITION OF "GOOD SERVICE" INCLUDES PROVIDING COMPETITIVE QUOTATIONS. IF THIS QUOTE DOES NOT ALLOW YOU AND GOLDEN EAGLE TO WRITE THE ACCOUNT—CALL US NOW..

SINCERELY,

UNDERWRITER GE UND 0022 (07-93)

ROGER WORKMAN

amaran.				LUMPEL NICE
SUMMARY RATER NAME/#	SEP 3 0 1994		UCS QUOTE	
U/W NAME/#)	056		EAGLERATE	# R255542-00
	POLICY	SUMMARY		# CCP 255542-00
COVERAGE	PREMIUM	MOD	MOD. PREM.	COMMENTS:
PROPERTY	2986	.70	2,085.	Roted her hates on Le
LIABILITY	2094		2,094.	
INLAND MARINE				
CRIME	<u> </u>			
AUTOMOBILE	_	v		
GARAGE				
TOTAL PREMIUM	5080		4,179.	
RATING INFORMA	TION:		OCT 1 9 1994	
PACKAGE MOD:	LP ,75	EXPERIE	NCE RATED:	AUTO GL
PROPERTY LOCATION #				
PC 2 DIST_		20 co	NSTZ	GRP II SYM
CSP CODE 68	TO RATE G	RP/CLASS	LIMIT	115
GENERAL LIABIL CLASS CODE:		RITORY:	OTHER GL CO	OVERAGES:
		v		
INLAND MARINE COVERAGE:	LIMIT:		RATE:	PREMIUM:
02/08/93				

----- CP - BASIC INFORMATION [CP4000]-CONFORMATION

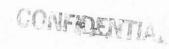
Ins Name: EXCELLO State: CA Eff Dat				tatus: Q0		
COVERAGES	PREMIUMS		MODIF	CATION I	FACTORS	
			PROP	TE	GLASS	
X Property:	1423	CA Pkg Mod: IP	.750	.750	.750	
X Time Element:	662	AZ Pkg Mod:	1.000	1.000	1.000	
Glass:	0	IRPM:	.700	.700	.700	
Endorsements:	0	MLC:*	1.000		P. P.	
TOTAL:	2085	Comm:	1.000	1.000	1.000	
25		UND MOD 1 :	1.000	1.000	1.000	
		UND MOD 2 :	1.000	1.000	1.000	
Deductible:	1					
Blanket/Reportin	a:*	Total CA RMF:	.525	.525	.525	
Replacement Cost Policy Options:*	:* X	Total AZ RMF:	.700	.700	.700	
		Deviation:	1.000	1.000	1.000	
100	E 100 E 1					

Enter the commission rate.

LYNN SCHAEFER

OCT 1 9 1994

G DEN EAGLE INSURANCE COMPAI



INSURED EXCELL	o PM	ハスア	EFFECTIVE	DATE:	(-11-9	M	
NEW BUSINESS:	RENE	WAL:	POLICY NO	0.00	2555	12	
AGENT: POLICY LOSS RATIO: POLICY CUMULATIVE L/R:		CURRENT YE	AGENCY C	ne(S):			
		ANNU Last Year	IAL PREMIUMS		Recomme	nded This Yea	ar
PROPERTY		2,145,			2090)	
GENERAL LIABILITY		2,102.			2,091	١.	
INLAND MARINE							
CRIME	-						
AUTOMOBILE				-	, W		
`TOTAL	\$	1,247.		\$	4184	١.	
		EXPOS	SURE CHANGES				
PROPERTY: (Only if excess	s of 10%)						
GENERAL LIABILITY:							
AUTOMOBILES:Note: GL changes in payro							
			CREDITS .				
PACKAGE	PROP	GL /	AL APHYD	GAR	IM	CRIME	OTHER
EXPERIENCE SCHEDULE DEVIATION	,70	NE					
COMM. REDUCTION	,525	75					
COMMENTS: ELGO					37		
SALE #600			F500 BS	los re	n w	VIM.	
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UNDERWRITER: A F	AiRCHILD	SUZANNI OCT 1	LINIT I FAF	DER APPROV		0 0x 10. B.	udinkil

UNDRWR02

GOLDEN EAGLE INSURANCE COMPANY [F/R]

UW LOSS EXPERIENCE AS OF 08/19/94 AT 2:38:08 PM BY LSF

POLICY: CCP-255542-00

EFF DATE: 11-11-93 FORM: CMP

INSURED: EXCELLO PLATING COMPANY, INC. EXP DATE: 11-11-94 CLASS: 3399

POLICY DATE: 08-94

CLAIM DATE: 08-94

EXECUTIVE SUMMARY

POLICY INFORMATION

ESTIMATED PREMIUM	0.00
BILLED PREMIUM	4,247.00
UNEARNED PREMIUM	884.80
EARNED PREMIUM	3,362.20
INCURRED LOSSES	0.00
LOSS RATIOINCURRED_LOSSES	0%
EARNED PREMIUM	

TOTAL PAID TO DATE AND RESERVES

LOSSES PAID		0.00
EXPENSES PAID	+	0.00
TOTAL PAID		0.00
RESERVES	+	0.00
INCURRED LOSSES		0.00

LOSSES FOR THE PERIOD

	TOTAL
	TO DATE
OPEN SUFFIXES	0
CLOSED SUFFIXES	0

PRODUCER'S NAME & ADDRESS R.E. LEE INTERMEDIARIES 23 CORPORATE PLAZA #125 CA 92660 NEWPORT BEACH (714) 760-1122

Ly John Carrie

UNDRWR02 GOLDEN EAGLE INSURANCE COMPANY [F/R] PAGE 1

UW LOSS EXPERIENCE AS OF 08/19/94 AT 2:38:08 PM BY LSF

POLICY: CCP-167312-01 EFF DATE: 11-11-92 FORM: CMP INSURED: EXCELLO PLATING COMPANY EXP DATE: 11-11-93 CLASS: 3471

CLAIM DATE: 08-94 POLICY DATE: 08-94

EXECUTIVE SUMMARY

POLICY INFORMATION

ESTIMATED PREMIUM	0.00
BILLED PREMIUM	4,161.00
UNEARNED PREMIUM	0.00
EARNED PREMIUM	4,161.00
INCURRED LOSSES	0.00
LOSS RATIO	0%
INCURRED LOSSES	
EARNED PREMIUM	

TOTAL PAID TO DATE AND RESERVES

LOSSES PAID		0.00
EXPENSES PAID	+	0.00
TOTAL PAID		0.00
RESERVES	+	0.00
INCURRED LOSSES		0.00

LOSSES FOR THE PERIOD

		7	TOTAL
		TO	DATE
OPEN SUFFIXES			0
CLOSED SUFFIXES			0

PRODUCER'S NAME & ADDRESS GRAY-STONE & COMPANY P.O. BOX 889 WOODLAND HILLS CA 91365 (818) 593-3333

CONFIDENTIALE

UW LOSS EXPERIENCE AS OF 08/19/94 AT 2:38:08 PM BY LSF

POLICY: CCP-167312-00 EFF DATE: 11-19-91 FORM: CMP INSURED: EXCELLO PLATING COMPANY EXP DATE: 11-19-92 CLASS: 3471

POLICY DATE: 08-94 CLAIM DATE: 08-94

EXECUTIVE SUMMARY

POLICY INFORMATION

ESTIMATED PREMIUM	0.00
BILLED PREMIUM	4,161.00
UNEARNED PREMIUM	0.00
EARNED PREMIUM	4,161.00
INCURRED LOSSES	0.00
LOSS RATIO	0%
INCURRED_LOSSES_ EARNED PREMIUM	

TOTAL PAID TO DATE AND RESERVES

LOSSES PAID	0.00
EXPENSES PAID	+0.00
TOTAL PAID	0.00
RESERVES	+0.00
INCURRED LOSSES	0.00

LOSSES FOR THE PERIOD

	TOTAL
	TO DATE
OPEN SUFFIXES	0
CLOSED SUFFIXES	0

PRODUCER'S NAME & ADDRESS
GRAY-STONE & COMPANY
P.O. BOX 889
WOODLAND HILLS CA 91365
(818) 593-3333

CONFIDENTIAL

DO NOT REMOVE

FILE NO.:	2	RATER	DATE:	
		QUOTE	BY:	
NAMED INSURED:	ico pu	ATANC.		1.4
POLICY NO.: CO 25	4	NEW	BUSINESS:	
EFFECTIVE DATE:	11-97		RENEWAL:	
QUOTE:	W XHAC III		ISSUE:	-
		UNIT LI	EADER:	
		SALES:		
GRADE/CLASS		IOTE	ISSUE	
	DATE		DATE	INITIALS
TO NEW BUSINESS	IN:			
	OUT: PAMELA FAII	SCHILD		
TO UNDERWRITER	IN:	— ————————————————————————————————————	IN:	
RECEIVED IN	OUT: SEP 1 9	1994	OUT:	2
TO RATING SEP 2 0 1994	IN: 9/25	3	IN:	
RATER/RATER NO RATING		ROGER WORKMAN		
RAING	OUT:	SEP 3 0 1994	OUT:	
TOTAL POLICY PREM: \$	5080		\$	
			Q/C—IN	Q/C—OUT
		TO DATA ENTR'	γ: IN:	
		E.	OUT:	
		TO POLICY TYPING	3: IN:	

TYPIST-OUT

COLLATOR-OUT

THE REST OF THE PARTY OF THE PARTY. CONFEDERATION GOLDEN EAGLE INSURANCE JMPANY • UNDERWRITER RENEWAL/ENDORSEMENT CHECKLIST POLICY NUMBER: CD ZSSSYZ EFFECTIVE DATE: 11-12-97 EXPIRATION: 17-11-95 RENEWAL QUOTE: RENEWAL ISSUE: ____ RENEWAL CERT.? ___ RENEWAL POLICY? _ ENDORSEMENT: VAMED INSURED: EXCENTO TREATY EXCLUSION ADDRESS: REFERRAL **FACULTATIVE REINS** _ CODE #: 2858 DE LES INTER. **CESSION STATEMENT** JNDERWRITER: ICC/PUC FILING CROSS REFERENCE: STATEMENT OF VALUES SPECIAL APPLICATION COMM.: _ \S LAYOFF RE-INS SHEET * ROUTE TO UNDERWRITING SECRETARY DATE HAZARD CODES: UNDERWRITING DATA: **RATING OPTIONS:** AUDIT: ORDERED FREQUENCY: PROP LOSS CONTROL SURVEY* **EXPERIENCE RATING** LINE OF BUSINESS: LINES OF BIZ APPLICABLE: 3L **D&B REPORT*** G.L. LIABILITY CURRENT LOSS RUNS THE GUE PROD AUTO: DAM. MVR'S* AUTO SCHEDULE RATING PER FORM(S) ATTACHED CRIME SPRKLER REPORT* OTHER TEST AUDIT? *INDICATE IF WAIVED COMMENTS: ATTACHOO PENENA POR THE CONTINUE COMMENTS ON REVERSE SIDE PAMELA FATEBHILD **APPROVED** RATER **TYPIST** ROGER WORKMAN SEP 3 0 1994

GF LIND 0042 (05-93)



DO NOT REMOVE

FILE NO.:		RATER DATE:
	ì	QUOTE BY:
NAMED INSURED:	LO PLATANG	
POLICY NO.: CO 2555	A. A. C.	NEW BUSINESS:
EFFECTIVE DATE:	1-97	RENEWAL:
QUOTE:		ISSUE:
		UNIT LEADER:
	-31	
		SALES:
GRADE/CLASS	QUOTE	ISSUE
	DATE INITIALS	
TO NEW BUSINESS IN	:	
Ol	UT:	<u> </u>
TO UNDERWRITER IN	PAMELA FAIRUNILU	IN:
	ит: <u>SEP 1 9 1994</u>	OUT:
TO RATING SEP 2 0 1994 IN	1: 9/23	IN:
RATER/RATER NO RATING -	ROGER WORKI	MAN
Ol	UT: SEP 3 0 199	34_ OUT:
TOTAL POLICY PREM: \$5	5080	\$
		0/0 IN
		Q/C—IN Q/C—OUT
	TO DATA	A ENTRY: IN:
		OUT:
	TO POLICY	TYPING: IN:
		TYPIST OUT COLLATOR—OUT

OVER 30 DAYS PAST EFFECTIVE DATE/CAUSE FOR DELAY:

CCP 167312-01
EXP 11-11-94
EXP 11-11-94
EXP 11-11-94
EXP 11-11-94

RECEIVED A 1994.
GOLDEN EAGLE INC.

August 15, 1994

Mr. John Dunne Golden Eagle Insurance Company P.O. Box 85826 San Diego, CA 92186-5826

RE: Excello Plating Co., Inc.

Eff: 11/11/94

CCD ZSSSVZ

Dear John,

Please quote the above captioned account per our application attached. We will need quote by 10/25/94.

Thank you.

Cordially,

R.E. Lee, MS, CPCU, CLU, ChFC

REL/kw Enclosure



	CARRIEF	3								
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R. E. LEE INTERMEDIARIES	***************************************					TICA		***********		
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Newport Beach, CA 92660	***************************************	OPERTY LASS & SI	GN		GENE	RAL LIABILITY NESS AUTO	i	& MACHINE	-DV	
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ive Date and/or Attach Copy)	PROPOSED EFF. I	DATE		PROPOSED EXP	. DATE	BILLING PLAN	PAYMENT	PLAN	AUI	DП
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CELLO PLATING CO.										
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ACORD 140-S (7/88)

ACORD. PROPERTY SECTION

DATE (MM/DD/YY)

08-11-1994

@ ACORD CORPORATION 1988

PRODUCER

Eichberg Associates, Inc. 17750 Sherman Way - Suite #200 Reseda, CA 91335-3390 (818) 996-9444 FAX 881-9535

APPLICANT (first Named Insured)

EXCELLO PLATING COMPANY

PROPOSED EFF. DATE PROPOSED EXP. DATE BILLING PLAN PAYMENT PLAN AUDIT AGENCY 11/11/94 11/11/95 X DIRECT

FOR COMPANY USE ONLY

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REMISES INFORMATION											
SUBJECT OF INSURANCE	. ,	AMOUNT	COINS %	VALUATION	CAUSES OF	LOSS INFLATIO	DEDUCTIBL	E	FORM AND	COND	MONS TO APPLY
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o. 1 BUSINESS INCOME	20	00,000			SPECI	AL		1/	4 MO.	LI	MITAT
0.											
DDITIONAL COVERAGES, RESTRICTIO	NS, ENDORS	EMENTS AND	RATING IN	FORMATION							
NSTRUCTION TYPE		PROT. CL	# STORIE	S # BASMTS	YR. BUILT	TOTAL AREA	OTHER C	CCUPANCIE	s		
BLOCK		2	1	0	1960	7,000)				
JILDING IMPROVEMENTS	PUL	ABING, YR:									
		TING, YR:									
WIRING, YR:		10									
ROOFING,YR:	OTHE	un .	LEFT FYPO	SURE AND D	ISTANCE		REAR EXP	SURE & D	ISTANCE		
400		•			- 010MA - Th			74. T. T.			
IDUSTRIAL			INDUST			XPIRATION DATE		EXTENT	GRADE	y	
RGLAR ALARM TYPE			CERTIFICAT	IE#	٦	APIRATION DATE		EXILAT	GUYDE		CENTRAL STATION
OCAL GONG	erentings.								<u></u>		WITH KEYS
								# GUARDS	WATCHMEN	1	CLOCK HOURLY
RGLAR ALARM INSTALLED AND SE						DE ALADU MANIE	CTUDED				
RGLAR ALARM INSTALLED AND SE	oes,CO ₂ /Halon		- contract	Valuation		IRE ALARM MANUF	outro reservantes	F :	FORM AND	CONT	CENTRAL STATION LOCAL GONG
IRGLAR ALARM INSTALLED AND SE	oes,CO ₂ /Halon	Systems)	COINS %	VALUATION	CAUSES OF	and Committy of the Date of State of Table Committee of the Association of the Committee of the Association of the Committee	ACTURER	E	FORM AND	CONE	CENTRAL STATION
IRGLAR ALARM INSTALLED AND SE	oes,CO ₂ /Halon		COINS %	VALUATION		and Committy of the Date of State of Table Committee of the Association of the Committee of the Association of the Committee	outro reservantes	E	FORM AND	CONE	CENTRAL STATION LOCAL GONG
IRGLAR ALARM INSTALLED AND SE RE PROTECTION (Sprinklers, Standplp SUBJECT OF INSURANCE	oes,CO ₂ /Halon		coins %	VALUATION		and Committy of the Date of State of Table Committee of the Association of the Committee of the Association of the Committee of the Association of the Committee of the Committe	outro reservantes	E	FORM AND	CONE	CENTRAL STATION LOCAL GONG
RGLAR ALARM INSTALLED AND SE RE PROTECTION (Sprinklers, Standplp SUBJECT OF INSURANCE	oes,CO ₂ /Halon		coins %	VALUATION		and Committy of the Date of State of Table Committee of the Association of the Committee of the Association of the Committee of the Association of the Committee of the Committe	outro reservantes	E	FORM AND	CONE	CENTRAL STATION LOCAL GONG
RE PROTECTION (Sprinklers, Standpic SUBJECT OF INSURANCE	oes,CO ₂ /Halon		coins %	VALUATION		and Committy of the Date of State of Table Committee of the Association of the Committee of the Association of the Committee of the Association of the Committee of the Committe	outro reservantes	E	FORM AND	CONE	CENTRAL STATION LOCAL GONG
RE PROTECTION (Sprinklers, Standpic SUBJECT OF INSURANCE	oes,CO ₂ /Halon		coins %	YALUATION		and Committy of the Date of State of Table Committee of the Association of the Committee of the Association of the Committee of the Association of the Committee of the Committe	outro reservantes	E	FORM AND	CONE	CENTRAL STATION LOCAL GONG
IRGLAR ALARM INSTALLED AND SE RE PROTECTION (Sprinklers, Standpic SUBJECT OF INSURANCE 1 0.	oes,CO ₂ /Halon		COINS %	YALUATION		and Committy of the Date of State of Table Committee of the Association of the Committee of the Association of the Committee of the Association of the Committee of the Committe	outro reservantes	E	FORM AND	CONE	CENTRAL STATION LOCAL GONG
IRGLAR ALARM INSTALLED AND SE RE PROTECTION (Sprinklers, Standpip SUBJECT OF INSURANCE 1 0.	oes,CO ₂ /Halon		coins %	YALUATION		and Committy of the Date of State of Table Committee of the Association of the Committee of the Association of the Committee of the Association of the Committee of the Committe	outro reservantes	E	FORM AND	CONE	CENTRAL STATION LOCAL GONG
IRGLAR ALARM INSTALLED AND SE RE PROTECTION (Sprinklers, Standpip SUBJECT OF INSURANCE 1. 0.	oes,CO ₂ /Halon		coins %	VALUATION		and Committy of the Date of State of Table Committee of the Association of the Committee of the Association of the Committee of the Association of the Committee of the Committe	outro reservantes	E	FORM AND	CONE	CENTRAL STATION LOCAL GONG
IRGLAR ALARM INSTALLED AND SE RE PROTECTION (Sprinklers, Standpip SUBJECT OF INSURANCE 1 0. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	es,CO ₂ Halon	AMOUNT				and Committy of the Date of State of Table Committee of the Association of the Committee of the Association of the Committee of the Association of the Committee of the Committe	outro reservantes	E	FORM AND	CONE	CENTRAL STATION LOCAL GONG
IRGLAR ALARM INSTALLED AND SE RE PROTECTION (Sprinklers, Standpip SUBJECT OF INSURANCE 1 0. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	es,CO ₂ Halon	AMOUNT				and Committy of the Date of State of Table Committee of the Association of the Committee of the Association of the Committee of the Association of the Committee of the Committe	outro reservantes	E	FORM AND	CONE	CENTRAL STATION LOCAL GONG
RE PROTECTION (Sprinklers, Standpic SUBJECT OF INSURANCE D. D. DITTIONAL COVERAGES, RESTRICTION	es,CO ₂ Halon	AMOUNT	RATING IN	FORMATION	CAUSES OF	LOSS GUARD	DEDUCTIBL	E COUPANCI		CONE	CENTRAL STATION LOCAL GONG
RE PROTECTION (Sprinklers, Standpic SUBJECT OF INSURANCE 0. DOITIONAL COVERAGES, RESTRICTION	es,CO ₂ Halon	AMOUNT	RATING IN	FORMATION		LOSS GUARD	DEDUCTIBL			CONE	CENTRAL STATION LOCAL GONG
RGLAR ALARM INSTALLED AND SE RE PROTECTION (Sprinklers, Standpic SUBJECT OF INSURANCE D. D. DITTONAL COVERAGES, RESTRICTION ONSTRUCTION TYPE	Nes,CO ₂ Halon	AMOUNT SEMENTS AND PROT. CL	RATING IN	FORMATION	CAUSES OF	LOSS GUARD	DEDUCTIBL			CONE	CENTRAL STATION LOCAL GONG
RE PROTECTION (Sprinklers, Standpic SUBJECT OF INSURANCE D. DITTONAL COVERAGES, RESTRICTION	DNS, ENDORS	SEMENTS AND PROT. CL	RATING IN	FORMATION	CAUSES OF	LOSS GUARD	DEDUCTIBL			CONE	CENTRAL STATION LOCAL GONG
RGLAR ALARM INSTALLED AND SE IE PROTECTION (Sprinklers, Standpic SUBJECT OF INSURANCE D. DITIONAL COVERAGES, RESTRICTION	DNS, ENDORS	AMOUNT SEMENTS AND PROT. CL	RATING IN	FORMATION	CAUSES OF	LOSS GUARD	DEDUCTIBL			CONE	CENTRAL STATION LOCAL GONG
RE PROTECTION (Sprinklers, Standpic SUBJECT OF INSURANCE D. DITTIONAL COVERAGES, RESTRICTION DISTRUCTION TYPE JILDING IMPROVEMENTS WIRING, YR: ROOFING, YR:	DNS, ENDORS	PROT. CL MBING, YR:	FATING IN	FORMATION ES & BASMT:	CAUSES OF	LOSS GUARD	DEDUCTIBL	DEGUPANCI	ES	CONE	CENTRAL STATION LOCAL GONG
IRGLAR ALARM INSTALLED AND SE RE PROTECTION (Sprinklers, Standpic SUBJECT OF INSURANCE O. DITTONAL COVERAGES, RESTRICTION DISTRUCTION TYPE JILDING IMPROVEMENTS WIRING, YR: ROOFING, YR:	PLUN	PROT. CL MBING, YR:	FATING IN	FORMATION	CAUSES OF	LOSS GUARD	DEDUCTIBL		ES	CONE	CENTRAL STATION LOCAL GONG
RE PROTECTION (Sprinklers, Standpic SUBJECT OF INSURANCE SUBJECT OF INSURANCE O. DITTONAL COVERAGES, RESTRICTION ONSTRUCTION TYPE UILDING IMPROVEMENTS WIRING, YR: ROOFING,YR:	PLUM	PROT. CL MBING, YR:	FATING IN	FORMATION ES & BASMT:	CAUSES OF	LOSS GUARD	DEDUCTIBL	DEGUPANCI	ES	CONE	CENTRAL STATION LOCAL GONG
SUBJECT OF INSURANCE	PLUM	PROT. CL MBING, YR:	FATING IN	FORMATION ES # BASMT!	CAUSES OF S YR. BUILT	LOSS GUARD	DEDUCTIBL	DEGUPANCI	ES	CONE	CENTRAL STATION LOCAL GONG
PROTECTION (Sprinklers, Standpip SUBJECT OF INSURANCE SUBJECT OF INSURANCE O. DOITIONAL COVERAGES, RESTRICTION ONSTRUCTION TYPE UILDING IMPROVEMENTS WIRING, YR:	PLUM	PROT. CL MBING, YR:	FATING IN	FORMATION ES # BASMT!	CAUSES OF S YR. BUILT	LOSS GUARD	DEDUCTIBL	OSURE & L	ES	CONE	CENTRAL STATION LOCAL GONG UTIONS TO APPLY
SUBJECT OF INSURANCE SUBJECT O	PLUM HEA	AMOUNT PROT. CL MBING, YR: TING, YR: ER	FATING IN	FORMATION ES # BASMT!	CAUSES OF S YR. BUILT	LOSS GUARD	DEDUCTIBL	OSURE & T	ES	CONE	CENTRAL STATION LOCAL GONG ITTIONS TO APPLY CENTRAL STATION
SUBJECT OF INSURANCE	PLUM HEA	AMOUNT PROT. CL MBING, YR: TING, YR: ER	FATING IN	FORMATION ES # BASMT!	CAUSES OF S YR. BUILT	LOSS GUARD	DEDUCTIBL	OSURE & T	ES DISTANCE GRADE	CONE	CENTRAL STATION LOCAL GONG ITTIONS TO APPLY CENTRAL STATION WITH KEYS
RE PROTECTION (Sprinklers, Standpic SUBJECT OF INSURANCE SUBJECT OF INSURANCE D. SIDITIONAL COVERAGES, RESTRICTION STRUCTION TYPE JILDING IMPROVEMENTS WIRING, YR: ROOFING, YR: GHT EXPOSURE & DISTANCE JIRGLAR ALARM INSTALLED AND S	PLUM HEATOTH	PROT. CL MBING, YR: TING, YR:	FATING IN	FORMATION ES # BASMT!	CAUSES OF S YR. BUILT DISTANCE	LOSS GUARD TOTAL AREA EXPIRATION DATE	OTHER	OSURE & T	ES DISTANCE GRADE	CONE	CENTRAL STATION LOCAL GONG DITIONS TO APPLY CENTRAL STATION WITH KEYS CLOCK HOURLY
RE PROTECTION (Sprinklers, Standpic SUBJECT OF INSURANCE SUBJECT OF INSU	PLUM HEATOTH	PROT. CL MBING, YR: TING, YR:	FATING IN	FORMATION ES # BASMT!	CAUSES OF S YR. BUILT DISTANCE	LOSS GUARD	OTHER	OSURE & T	ES DISTANCE GRADE	CONE	CENTRAL STATION LOCAL GONG ITTIONS TO APPLY CENTRAL STATION WITH KEYS

ATTACH TO APPLICANT INFORMATION SECTION

PREMISES INFORMATION									
SUBJECT OF INSURANCE	AMOUNT	COINS % VALU	ATION CAUSES	OF LOSS	INFLATION GUARD %	DEDUCTIBLE	FO	RM AND C	ONDITIONS TO APPLY
P R E M									
NO.							COM	FWYC	Terrer and
							0029		TO SEAT
B L							**************	G/11-011-011-01-01-01-01-01-01-01-01-01-01	
D G							-	F-0	
NO.									
ADDITIONAL COVERAGES, RESTRICTO	NS, ENDORSEMENTS AN	E RATING INFORMA	TION					**********	
CONSTRUCTION TYPE	PROT. C	L # STORIES # B.	ASM'TS YR. BUIL	T TOTAL AF	REA	OTHER OCCU	JPANCIES	***********	
ALM BING WARANTERS									
BUILDING IMPROVEMENTS	PLUMBING, YR: HEATING, YR:								
ROOFING,YR:	OTHER								
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE	AND DISTANCE	· · · · · · · · · · · · · · · · · · ·	i i	REAR EXPOSU	RE & DISTA	NCE	
BURGLAR ALARM TYPE		CERTIFICATE #		EXPIRATION	DATE		TENT GF	ADE :	
DONGENI ALANIM TITE		CENTIFICATE #		EXPINATION	DATE		TENT G	ADE	CENTRAL STATION
BURGLAR ALARM INSTALLED AND SE	RVICED BY					# 0	UARDS/WAT	CHMEN	CLOCK HOURLY
FIRE PROTECTION (Sprinklers, Standpip	es,CO ₂ /Halon Systems)			FIRE ALARI	MANUFACT	URER	****************		CENTRAL STATION
									LOCAL GONG
VALUE REPORTING INFORM. REPORTING FORM: PROVIDE AVERAGE N	***************************************	PHTMOM		ANY OT	HER LOCA-	ANY OTHER L	OCA- P	REMISES N	OT OWNED OR ACQUIRED
SUBJECT OF INSURANCE	PREMISE 1	PREMISE 2	PREMISE 3	··· TION D	ECLARED EPTION	ANY OTHER LO TION REQUIR AFTER INCEPT	IED ION PRE	MISE LIMIT	AGGREGATE
-				-	·····i	•	***************************************		***************************************
		,				*******************			
OTHER								***************************************	i
ADDITIONAL INTERESTS P : NAME & ADDRESS			: 1	NAME 2	ADDRESS				
R				3	ADDITESS				
M NO.			N	0.					
B L				- 1					
L D G			[(3					
NO. INTEREST		1		O. INTEREST		************	• • • • • • • • • • • • • • • • • • • •	······································	OFFERENCE
		RE	FICATION QUIRED						CERTIFICATION REQUIRED
P NAME & ADDRESS R				NAME &	ADDRESS		***************************************		
R E M									
NO.			, N	0.					
B L			1	3					1 AT 13
D C				5 : 3 :					
NO.			N	0.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
INTEREST		CERTI	FICATION QUIRED	INTEREST					CERTIFICATION REQUIRED
REMARKS			i_	:				:	
(Include Information On Participating Carri	ers)							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
									15
ACORD 140-S (7/88)									

ACORD. COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YY) 08-11-1994

PRODUCER

Eichberg Associates, Inc. 17750 Sherman Way - Suite #200 Reseda, CA 91335-3390 (818) 996-9444 FAX 881-9535

APPLICANT (first Named Insured)

EXCELLO PLATING COMPANY

PROPOSED EFF. DATE PROPOSED EXP. DATE BILLING PLAN PAYMENT PLAN AUDIT AGENCY 11/11/94 11/11/95 X DIRECT

FOR COMPANY USE ONLY

COMMERCIAL GENERA	L LIABILITY	GENERAL AGGREGATE	\$	1,000,000	PREMIUMS
CLAIMS MADE	X OCCURRENCE	PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$	Excende	PREMISES/OPERATIONS
WNER'S & CONTRACTORS PRO	OTECTIVE	PERSONAL & ADVERTISING INJURY	\$	1,000,000	
		EACH OCCURRENCE	\$	1,000,000	
BLES		FIRE DAMAGE (ANY ONE FIRE)	\$	50,000	PRODUCTS
OPERTY DAMAGE \$	STOO X CLAIM	MEDICAL EXPENSE (ANY ONE PERSON)	5,000		
\$ COVERAGES, RESTRICTIONS	PER OCCURRENCE			7, 1012 700	OTHER
OVERAGES, RESTRICTIONS	, AND/OH ENDORSEMENTS				TOTAL

LOC	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	TERR.	RATE PREM/OPS PRODUCTS	PREM/OPS	PRODUCTS
1	ELECTROPLATING	52547	(s) GROSS SALES (p) PAYROLL (a) AREA (c) TOTAL COST (t) OTHER 600,000 S		(s) per \$1,000 (p) per \$1,000/day (a) per 1,000 sq. ft. (c) per \$1,000/cost (t) per unit		

CL	AIMS MADE (Explain All "Yes" Responses)			TF	RANSITION				
1	PROPOSED RETROACTIVE DATE:	TANCOSTANIUM		1	HAS THIS RISI	K OR ANY LOC	ATION NOT QUALIFIED F	OR	YES NO
2	ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVER	AGE:		1	TRANSITION?				
3	HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED, OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	YES	NO	2	IF THIS RISK (FIRST QUALIFI		TRANSITION, INDICATE 1	THE YEAR IT	8 4
	WAS TAIL COVERAGE PURCHASED UNDER ANY			LOC	NEW CLASS	PREV. BASE	PREVIOUS EXPOSURE	APPLICABLE CO	OVERAGE
4	PREVIOUS POLICY?			1				PREMISES	PRODUCTS
CO	MMENTS							PREMISES	PRODUCTS
				*****				PREMISES	PRODUCTS
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ACORD 126-S (3/88)

	NTRACTORS EXPLAIN ALL "YES" RESPONSES			YES	NO	FULL	TIME STAFF:		P/	ART TIME STAFF:	
	(For Any Past Or Present Operations)					DESC	RIBE THE TY	PE OF WO	RK & PERCENT	SUBCONTRACTED:	
1	DOES APPLICANT DRAW PLANS, DESIGNS, OR S	***************							00	MENDER THE	
2	DO ANY OPERATIONS INCLUDE BLASTING OR U EXPLOSIVE MATERIAL?									NEWFATTER	2
3	DO ANY OPERATIONS INCLUDE EXCAVATION, TO UNDERGROUND WORK OR EARTH MOVING?	******************************			<u></u>						
4	DO YOUR SUBCONTRACTORS CARRY COVERAGE LESS THAN YOURS?	ES OR LIMITS									
5	ARE CERTIFICATES OF INSURANCE REQUIRED F	ROM SUBCONTRACTO	RS?		ļ						
6	DOES APPLICANT LEASE EQUIPMENT TO OTHER OPERATORS	S WITH OR WITHOUT									
REA	MARKS		*********		i	À					
PR	ODUCTS/COMPLETED OPERATIONS										
	PRODUCTS ANNUAL GROSS SALES	# OF UNITS	TIA MA	IE IN I	EXPEC LIF	TED E	INTENDE	D USE	PF	RINCIPAL COMPONENTS	

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	=						******************				
		ļ					ALL BYESS	DECROUSE			VEC. NO.
1	EXPLAIN ALL "YES" RESPONSES (For any past or present DOES APPLICANT INSTALL, SERVICE OR DEMONSTR		YES	NO				•••••	CONTINUED, C	or present product or operation) HANGED?	TES NO
	FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED	AS COMPONENTS?					• • • • • • • • • • • • • • • • • • • •			KAGED UNDER	
3	RESEARCH AND DEVELOPMENT CONDUCTED OR	NEW					ANT LABEL				
	PRODUCTS PLANNED?	ODEENENTS	ļ				RS COVERA		OF OTHERS?		
	GUARANTEES, WARRANTIES, HOLD HARMLESS AN PRODUCTS RELATED TO AIRCRAFT/SPACE INDUS		ļ							HER NAMED INSUREDS?	
PLE	ASE ATTACH LITERATURE, BROCHURES, LABELS, WARM	VINGS, ETC.			•						
AC.	DITIONAL INTEREST/CERTIFICATE RECIPIE	ENTS RESS (INCLUDE LOAN NO	JMBER	FOR N	юята	AGEES)				INTEREST	CERT.
j	NAME & ADDI			FOR M		agees) MONRO	DVIA		CA	INTEREST LANDLORD	CERT.
1	SPIRITO FAMILY TRUST 829	RESS (INCLUDE LOAN NI		FOR N			DVIA		CA		
1	SPIRITO FAMILY TRUST 829	RESS (INCLUDE LOAN NU		FOR N			AIVO		CA		
,	SPIRITO FAMILY TRUST 829	RESS (INCLUDE LOAN NU		FOR M			OVIA		CA		
1	SPIRITO FAMILY TRUST 829	RESS (INCLUDE LOAN NU		FOR M			DVIA		CA		X
1	NAME & ADDI SPIRITO FAMILY TRUST 829 91616 ATTN NERAL INFORMATION EXPLAIN ALL "YES" RESPONSES	RESS (INCLUDE LOAN NU	E		,	MONRO	ALL "YES"		S	LANDLORD	X YES NO
1 GE	NAME & ADDI SPIRITO FAMILY TRUST 829 91616 ATTM NERAL INFORMATION EXPLAIN ALL "YES" RESPONSES (For All Past Or Present Operations:)	RESS (INCLUDE LOAN NI NORUMBEGA DRIV N: ALICE CALNO	E	но	# 1 7	MONRO EXPLAIN ANY PA	ALL "YES"	CILITIES (s DWNED/RENTEL	LANDLORD	YES NO X
1 GE	NAME & ADDI SPIRITO FAMILY TRUST 829 91616 ATTM NERAL INFORMATION EXPLAIN ALL "YES" RESPONSES (For All Past Or Present Operations:)	RESS (INCLUDE LOAN NI NORUMBEGA DRIV N: ALICE CALNO	E		# 1 7 8	EXPLAIN ANY PA	ALL "YES" URKING FAC	D FOR P	s DWNED/RENTEC	LANDLORD	YES NO X X X X
9 1 1 1	SPIRITO FAMILY TRUST 829 II 91616 ATTM NERAL INFORMATION EXPLAIN ALL "YES" RESPONSES (For All Past Or Present Operations:) ANY MEDICAL FACILITIES PROVIDED OR DOCTO EMPLOYED/CONTRACTED? ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MAT	RESS (INCLUDE LOAN NO NORUMBEGA DRIV N: ALICE CALNO RS ERIALS?	E	но	# 1 7 8 9 10 10	EXPLAIN ANY PA IS A FE RECRE.	ALL "YES" ARKING FACE CHARGE ATION FACE	DILITIES OF PORTION OF	S DWNED/RENTEE ARKING? ROVIDED? OL ON THE PF	LANDLORD OF THE STATE OF THE S	YES NO X X X X
9 1 1 1	NAME & ADDI SPIRITO FAMILY TRUST 829 I 91616 ATTM NERAL INFORMATION EXPLAIN ALL "YES" RESPONSES (For All Past Or Present Operations:) ANY MEDICAL FACILITIES PROVIDED OR DOCTO EMPLOYED/CONTRACTED? ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MAT DO OPERATIONS INVOLVE STORING, TREATING,	RESS (INCLUDE LOAN NO NORUMBEGA DRIV N: ALICE CALNO RS ERIALS? DISCHARGING, HAZARDOUS	E	NO X	# 1 7 8 9 10 11 12	EXPLAIN ANY PA IS A FE RECRE IS THE SPORTI	ALL "YES" ARKING FACEE CHARGE ATION FACE RE A SWIM NG OR SO	CILITIES OF POINT	S DWNED/RENTED ARKING? ROVIDED? OL ON THE PA NTS SPONSOR TIONS CONTEN	LANDLORD O? REMISES? ED? RPLATED?	YES NO X X X X X X X
, 1 1 2	NAME & ADDI SPIRITO FAMILY TRUST 829 91616 ATTN NERAL INFORMATION EXPLAIN ALL "YES" RESPONSES (For All Past Or Present Operations:) ANY MEDICAL FACILITIES PROVIDED OR DOCTO EMPLOYED/CONTRACTED? ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MAT DO OPERATIONS INVOLVE STORING, TREATING, APPLYING, DISPOSING, OR TRANSPORTING OF I	RESS (INCLUDE LOAN NO NORUMBEGA DRIV N: ALICE CALNO RS TERIALS? DISCHARGING, HAZARDOUS	E	NO X	# 1 7 8 9 10 11 12	EXPLAIN ANY PA IS A FE RECRE IS THE SPORTI	ALL "YES" ARKING FACEE CHARGE ATION FACE RE A SWIM NG OR SO	CILITIES OF POINT	S DWNED/RENTEL ARKING? ROVIDED? OL ON THE PF NTS SPONSOR	LANDLORD O? REMISES? ED? RPLATED?	YES NO X X X X X X
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CONFIDENTIAL GOLDEN EAGLE INSURANCE COMPANY

7175 Navajo Road • San Diego, California 92119-1642 • (619) 463-5800 Mailing Address: P.O. Box 85826 • San Diego, California 92186-5826 FAX: (619) 460-8860

September 7, 1994

Excello Plating Company, Inc. 4057 Goodwin Avenue Los Angeles, CA

Policy Number(s): CCP 25-55-42-00 Re:

Expiration Date: November 11, 1994

Dear Policyholder:

You're a valued customer. We've appreciated the chance to serve you, and we hope you'll continue to count on Golden Eagle to meet your insurance needs.

Your policy will expire soon. Your agent will contact you shortly with our proposal to renew your coverage.

It is possible that the terms of renewal will differ from the policy now in effect. We may propose a reduction in limits, elimination of coverages, increase in deductibles or increase in the rate upon which the premium is based in excess of 25 percent.

In accordance with California Insurance Code Section 678.1, it is our practice before renewal to notify policyholders of possible changes in premium or coverage to assist their planning.

We want your business, and we will work hard to offer you a fair and competitive renewal quotation.

If you have any questions, please contact your agent indicated below.

Sincerely,

GOLDEN EAGLE INSURANCE COMPANY

Pamela Fairchild Property/Casualty Underwriting Department

R.E. Lee Intermediaries 23 Corporate Plaza, Suite 125 Newport Beach, CA 92660

V. And	001	SS CONTI				DENT	RENEWAL
7-70 so		DEN EAGLE 85826, San Die			• (619) 287-6773	3	☐ New RISK
	TE ASSIGNED ASSIGNED	TO 1		11	WORKERS COMPENSAT		
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E	xcello P	who	F	- 10	CODE(S) RE	1615	
BUSINESS ADDRESS	Godwin	a Aud			- Co	plo /11/2	1211-12/2
Los	Concretes	20	191	SIP CODE	OPERATIONS		
POLICY NO.	POLICY NO.	POLIC	Y NO.		Chrom	1 - 9	Level
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LOCATION TO BE SUR	VEYED / /		/	ZIP CODE	CONTACT PERSON AT RIS	K	PHONE NO 213-
1)	as above	•			Joyce		245-3626
2)			. 1	ZIP CODE			
PRODUCER'S NAME					CONTACT PERSON		PHONE NO. 714
R.E.	Lee Inter	mediaries	(2)		13-12 Lec		760-1197
	OMM. INLAND GEN. BU	RGL GLASS FIDEL-	FIRE & AUTO	W.C.	W.C. SURVEY TOPICS* CRITICAL FEW PROBLEM		
LINE			,40	\$	MANAGEMENT SAFE RISK IMPROVEMENT		
			A W		SERVICE PLAN OPERATIONS AND P	ROCESSES	
	OF LIABILITY DUCTIBLES PER BLDG.	☐ RCN	OR TEACY		JOB SITE SURVEY KEY CONTACT		
	LIMITS OF LIABILITY	COINS. LIMITS	S OF LIABILITY	COINS.	EMPLOYEE HIRING SAFETY PROGRAM	AND SELECTIO	Ν
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II PD	1 500 500	CEC		\times	CUMULATIVE TRAUI		
	INDICATE: O COVERAGE			D (ATTACH PER	N RTINENT INFORMATION: PR	IOR REPORTS,	APPLICATION, ETC.)
	O D Building	Crime (S			OL&T M&C	0 🗆 wc	NO WALL
COVERAGES	Contents Time Element	CtsSpeci		meli	Payroll \$	No. U	Liability Jnits
AND	O Flood .	O Contrac	ctors Equip.		Sales \$ Excluded Completed Operations		Jnits
					Receipts \$		ge Liability er (Specify)
RI -	<u> </u>			0 0	Envir. Impairment	-	
	AIRCRAFT	INDUSTRIA	_	_ 0 □		(40)	
		TING INC	ess II	nvestigation	The second secon	ery Store Program Op Laundry Prog	
	EXCELLO PLA	GENERAL MANAGER)t Pr	ogram	☐ Dry C	leaners/Serv. La Dealers	undry
! RE 405	57 GOODWIN AVE., LOS A PHONE (213) 245-3626	NGELES, CALIF., 90039		n			
)re F	Program		- 014	-nAI
COM	NODIZING . INSPECTION .	PAINTING - PLATING			FC)SS CONT	KOL
						oss con 10v 15	1993

						INUTIAL C	DATE OF REQUEST
UNDERWRITER'S NAME	The state of the s	erses		PHO	NE NO. 1530	INITIALS,	11-12-93
CANADA CANADA CANADA CANADA	190 101	~,~>				* LIST ITEMS TO E	BE ADDRESSED IN REPOR



GOLDEN EAGLE INSURANCE COMPANY

4346 54th Street • San Diego, California 92115-5335 • (619) 287-6773 Mailing Address: P.O. Box 85826 • San Diego, California 92186-5826 FAX: (619) 286-4550

January 3, 1994

Excello Plating Attn: Cloyd M. Cook 4057 Goodwin Avenue Los Angeles, CA 90039 PETE TORRES

CONFIDENT

Location Surveyed:

Date of Survey:

Same as above December 6, 1993

Policy No:

CCP 25 55 42

Agency:

R.E. Lee Intermediaries

Dear Mr. Cook:

Thank you and Joyce for taking time from your busy schedules to meet with me on December 6, 1993. The cooperation and assistance extended is very much appreciated.

I am submitting the following recommendation for your review and action.

RECOMMENDATION:

93-1 Flammable liquids should be stored in UL listed or FM Flammable liquids cabinet.

Refer to enclosed data sheet.

I would appreciate your response within sixty (60) days indicating what actions have been taken or are planned concerning this recommendation, including expected completion dates.

If I can be of any assistance to you or your staff, please feel free to give me a call. Please send your response to:



Golden Eagle Insurance Company P.O. Box 85826 San Diego, CA 92186-5826 Attention: Ellie Joyce 287-6773 ext. 2114

Sincerely,

Linda heelt. L.

Linda Lee C.S.P., A.R.M. Senior Loss Control Representative

LL/tl

cc: R.E. Lee Intermediaires
Underwriter - Pete Torres

PLEASE READ CAREFULLY

Due to your application for insurance this Company has undertaken a survey of your premises, equipment, operations (whichever is pertinent to the type of insurance applied for). It must be understood that our observations are for the exclusive purpose of making an underwriting determination. The recommendations enumerated above whether furnished gratuitously or pursuant to policy provisions, do not constitute a safety inspection and in no way supplant your duty to provide a safe place of employment. Our limited visit or visits do not purport to be as thorough as day-to-day observations of your supervisory and executive employees or the safety inspection provided by a safety engineering service. The Company and its employees assume no authority to implement its recommendations which are shared with you.

SURVEY COVER (Attach to each survey.) (For Internal Use Only)

GOL

This report is the property of Golden Eagle and is for use only in conjunction with the sale of Golden Eagle products. Any other use or distribution is prohibited.



Excello Plating	Cloyd M. Cook &M
LOCATION SURVEYED	Cloyd M. Cook SM PHONE # Z13
4057 Goodwin AVE, LA,	A 90039 245-3626
DEC 0 6 1993 SURVEYED BY	OFFICE SAN DIEGO
POLICY NUMBER(S) CCP 25 55 42	EXP. DATE(S) PRODUCT LINE(S)
R.E. LEE Intermediaries	UNDERWRITER/OFFICE Pete Sories
IF CIRCLE IS CHECKED—AN E	
A. GENERAL	
1. BUSINESS INFORMATION	
	History and Organization d. Activity
Premises Corporation	rs in Business 39 8 5 52
_	rs at Location 39 Hours Days Weeks
	rs Present Management 39
Association	Yes No Vacant or Unoccupied Areas?
Other O Exp	pansion/Reduction O Yes No
2. BUILDING INFORMATION (COMPLETE FOR ALL COVERAGES EXCE	PT W.C., AUTO. LIAB., PRODUCTS AND COMPLETED OPERATIONS)
a. Building b. Construction	c. Number of d. Floor Area e. Age
· 1990	stories
Concrete Tilt-up	1 14014 36
	~pES
	TE TOKKE
	PEIL MARKET
	.all A 195
a transfer of the second of th	PETE TORRES JANA 1994
3. RATING FACTORS	1/22 1/24
a. Gross Sales 850, ovo/m	b. Payroll 400, 000/gr
4. DESCRIPTION OF OPERATIONS	
Non-Tunion. Plating + A Including small fittings, fas	nodining of Aircrest parts
10011 00011011 114 10 1	t Accessor = 5
Including small fillings, gas	Times + Elssemberes, body
o Valves.	
No. 1	O. leting CHR DUT +
Anodizing, chem- frim, ca	anium paining, comment
Anodizing, chem-film, ca Nickel Plating. No P.	preciona metalo
Ting glangt - Bldat a	among t Bas land. Dandeard
I'me cumi inong the	suipment are easely replaced, 2-3 Months. However nits may require up to
within	20 Monins. However
New per	nots may require up to
6 months	

CONFIDENTIAL

	ECOMMENDATIONS Yes No If yes, please proceed to a. & b. Management Attitude Positive O Negative O Other
	Classification A= 93-1 C=
	equencyTypeTypeType
C	overage Estimated Cost
7. C	DMMENTS
Pr	osess inventory incut includes countries, flammate
C	mosives, brightmers, nichel, etc. Strage is
	osess inventory inche includes countries, flammats orrosives, brightmere, nichel, etc. Strage is atinfactory except for red lasel - see rec.
In	cidental spran principene in spray booth
p	roperty maintainED PILTERS o Housekeeping. Sec
	cidental spran finishene in spray booths soperty maintrained PILTERS of Housekeeping. Sec Tree for U.C. listed flam. lig. calainet. (6) 5gal
V	10-(1)gal 1sitor Controls satisfacting - check in a escent.
2) /	JORRIS plu HAZARDONS WASTES - all permitted
	ite plan, tracing or inventory is current of
4	atisfacting. Above average housekelping,
3) 11	PAINTENANCE + arrangement of equipment
Ø.	Steel tanks labeled, dihed. all gas fired/her
	equipment is started in morning and shut
0	If at end of shift.
F.	roxane fuhlett w/ certified operators.
12	-1 Flammable liquids should be street
45	-1 Flammable lighted should be stored in Ul listed on FM Flammable lighted cabinet.
	liai ids cabinet.
	riguas asinci
	Refer to enclosed data sheet.
	regul 10 series continues

PACKAGE REPORT

(For Internal Use Only)

GOLDEN EAGLE INSURANCE COMPANY This report is the property of Golden Eagle and is for use only in conjunction with the sale of Golden Eagle

INSURED		products. Any other use or distribution is prohi	bited.			
Excello Plating		The second of th				
POLICY #	LOCAT	ION SURVEYED	DATE			
CCP 25.55 42	4	057 Goodwin Art LA, CA	DEC 0 6 1993			
IF CIRCLE IS CHECKED — AN EXPLANATION IS NECESSARY						
B. OPERATIONAL DATA 1. OPERATIONS a. Rental Operations for Meetings, Clubs, etc. b. Equipment/Machinery Rental Operations c. Athletic Events/Teams Sponsored d. Off Premises Activities e. Independent Contractors f. Hold Harmless Agreements	AAA	Yes O g. Visitor Control/Supervision O h. Welding or Cutting O i. Spray finishing O j. Commercial Cooking O k. EDP O J. Other	Yes to to to to			
2. HAZARDOUS SUBSTANCES AND WASTES a. Explosives/Flammables b. Above/Underground Tanks Type Number Content c. Hazardous Waste Generator NORAIS PIN JERVICE	Volume	d. Asbestos Yes No Yes No Date Last Leak Tested Materials Action for Abatement E. Hazardous Materials Exposure Inventory Site/Facility Layout Procedures/Training d. Asbestos In Products/Services Building Contructed Prior 1975 Asbestos in Building Materials Action for Abatement E. Hazardous Materials Exposure Inventory Site/Facility Layout Procedures/Training	Yes O中OOA和AA			
3. BUILDING AND PREMISES a. Suitability for Occupancy Building Constructed for Present Occupancy Yes	A Sat. Ur	j. Emergency Lighting Emergency Lighting Present Yes No k. Interior Finish/Insulation l. Stairs/Steps/Walking Surfaces m. Escalators (No. of Landings) n. Elevators, Dumbwaiters, Manlifts Number Number Number O. Parking Lots (Area	N/A Sat. Unsat. 0 0000 00000000000000000000000000000			
4. OCCUPANCY AND PROTECTION a. Special Hazards b. Special Hazard Controls Adequate c. Fire Detection/Alarm Systems d. Sprinklers/Standpipes/Special Extinguishing Systems e. Public/Private Protection Adequate	8800	No f. Fire Extinguishers g. Fire Department Access at Risk h. Equipment Adequacy and Condition i. Storage Conditions j. Desirability of Other Occupancies	N/A Sat. Unsat.			

		The state of the s	
C. EXPOSURES		ocan orthibal	
1. Exposures/Location/Distance Front Ft. To Sovdwin	ALE	2,00t (=) PAN	X100 10T
	1 7	Side Ft. To (E)	14/10/14
11. 10 A77-1-173	LUT	Side 1500 Ft. To (10) 174	naing 101
2. Brush or other conflagration exposure O Yes	Ø No	<u> </u>	
D. CRIME COVERAGES (Complete only if Coverage is	s indicated on th	ne Request.)	
N/A	Sat. Unsat. 4	Additional Protection O Yes No	
1. Burglar Alarm None			
□ Local Audible	200	i. Target Conditions O Yes No	
☐ Remote/Central Station		ranger containing — C rea 22 No	
☐ Guard or Security Service	6	S. Messenger Used O Yes No _	
address decemby dervice		. Messenger osca	
2. Physical Protection	Ø 0 7	. Safe/Vault O Yes No	
2. Physical Protection3. Cash Register			
E. PRODUCTS LIABILITY/COMPLETED OPERATION			3
1. Current Product/Complete Operations (Items d., e	e. and f. Apply to	o Products Liability Only)	
a. Products/Completed Operations b. Annual Sales	c. Percent of Total	Sales d. Quantity Per Year e. Time on the Market	f. Life Expectancy
<u> </u>		%	
<u> </u>		%	
\$			
	N/A Yes No		N/A Sat. Unsat.
2. Changes in Products/Operations Planned	0 0	9. Quality Control	
3. Discontinued Products/Operations	0 [10. Recordkeeping	
Seasonal Fluctuations	0 🗆	11. Manuals, Instructions, Labels	
5. Repair/Field Service Installation		and Warnings	
6. Products Purchased/Imported Directly		12. Marketing	
From Manufacturer		13. Complaint/Claim Handling	
7. Product Alteration or Repackaging		14. Packaging/Shipping	
8. Products/Work Conform to Standards/Codes	0 [15. Storage Facilities	
F. LOSS CONTROL PROGRAM	at Hazar		Cot Uppet
1	at. Unsat.	2 B	Sat. Unsat.
1. Employee Placement, Training		3. Premises and Equipment Inspection	
and Control		4. Premises and Equipment Maintenance	
2. Housekeeping		5. Emergency Procedures	
			N/A N N-
G. PROFITABILITY/COVERAGE ADEQUACY N/A	Yes No	O. O. starte Value Assessed Adamsets	N/A Yes No
1. Risk Appears Profitable	_	3. Contents Value Appears Adequate	
Coverage Commensurate w/Bldg. Value	0		
H. LOSS DATA			
	e past losses inc	cluding causes and costs. Indicate corrective ac	ction taken.
2. Loss Probability Dow O Moderate O H			
Building(s)	Contents ·		
3. Amount Subject a. <u>n/a</u> % b.	160	%	
4. PML a. <u>n/k</u> % b.	100	% (If less than 100%, provide explanation)	
I. RISK EVALUATION			
Risk is: Recommended O Not Recom	mended F	rom a Loss Control Standpoint	
J. COMMENTS			
Mar Post under ate al	1. 1	incld poulage the	
and mall lillarine in	off o	untille fan no	27
There willing to	1	NO NO AT This	timo
The spray Bull	-> . /	ou regal 1000	7.502

COMPDENTIAL

CLERICAL DIRECTION SHEET

INSURED'S NAME AND MAILING ADDRESS: EXCELLO Plating 4057 Sovolwin Ave LA, CA 90039 FOLICY # EXPIRATION DATE CCP 25 S5 +2 II-II-94 AGENT: RE Lee Sutermedianis DATE OF SURVEY: SAA CONTACT NAME: Cloyd M. Cook, SM CONTACT PHONE #: Pete Surve UNDERWRITER: Pete Surve SAA CONTACT PHONE #: Pete Surve	DATE:	6-93	TAPE #	POSITION #
EXCELLO Plating 4057 Dovolwin Ave LA, CA 9003 9 POLICY # EXPIRATION DATE CCP 25 55 42 AGENT: RE La Intermediant DATE OF SURVEY: 12-6-93 LOCATION OF SURVEY: * SAA CONTACT NAME: Cloyd M. Cook, 18M CONTACT PHONE #: Peta June UNDERWRITER: Peta June Recommendations: PLEASE INDICATE BY NUMBER! (Example (93-1,2)) BE SURE ALL RECOMMENDATIONS ARE RATED! "A" 93-1 "C" *Additional Service Monitor Physical (Mo/Yr.) Plan Date Assigned to Rep: Date Due:	REP. NAME LINDA LEE		A	
#XCELLO Plating #057 Doolwin Ave LA, CA 9003 P POLICY # EXPIRATION DATE CCP 25 55 +2	INSURED'S NAME AND MAIL	ING ADDRESS:		1117 6
#XCELLO Plating #057 Doolwin Ave LA, CA 9003 P POLICY # EXPIRATION DATE CCP 25 55 +2			EAP: \$	NOT GIVEN
### Pland Ave Survey 2.0 Report 2.0 Report 2.0 Total 5.0 ### EXPIRATION DATE CC 25 55 42 11-11-94 ### AGENT: RE Les Automodians DATE OF SURVEY: 12-6-93 LOCATION OF SURVEY: SAA CONTACT NAME: Cloyd M. Cook SM CONTACT PHONE :	Excello Plating			
A, CA 9003 9 POLICY # EXPIRATION DATE CC			Travel	1.0
Total 3.0 POLICY # EXPIRATION DATE CC 25 55 42	4031 ROOWIN AV		Survey	2.0
Total 3.0 POLICY # EXPIRATION DATE CC 25 55 42	LA, CA 90039		Report	2.0
CCP 25 55 42 AGENT: RE See Sudermediants DATE OF SURVEY: 12-6-93 LOCATION OF SURVEY: 5 SAA CONTACT NAME: Cloyd M. Cook, 1977 CONTACT PHONE #: Pete Surve UNDERWRITER: Pete Surve Recommendations: PLEASE INDICATE BY NUMBER! (Example (93-1,2)) BE SURE ALL RECOMMENDATIONS ARE RATED! "A" 43 -1 "C" *Additional Service Monitor Physical (Mo/Yr.) Plan Date Assigned to Rep: Date Due:			Total	5.0
AGENT: RE Jee Judermedians DATE OF SURVEY: 12-6-93 LOCATION OF SURVEY: * SAA CONTACT NAME: Cloyd M. Cook, SM CONTACT PHONE #: 42(3) 245-3626 UNDERWRITER: Pete June ***********************************	POLICY # E	XPIRATION DATE		
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Excello Plating

4057 Dovalwin ave

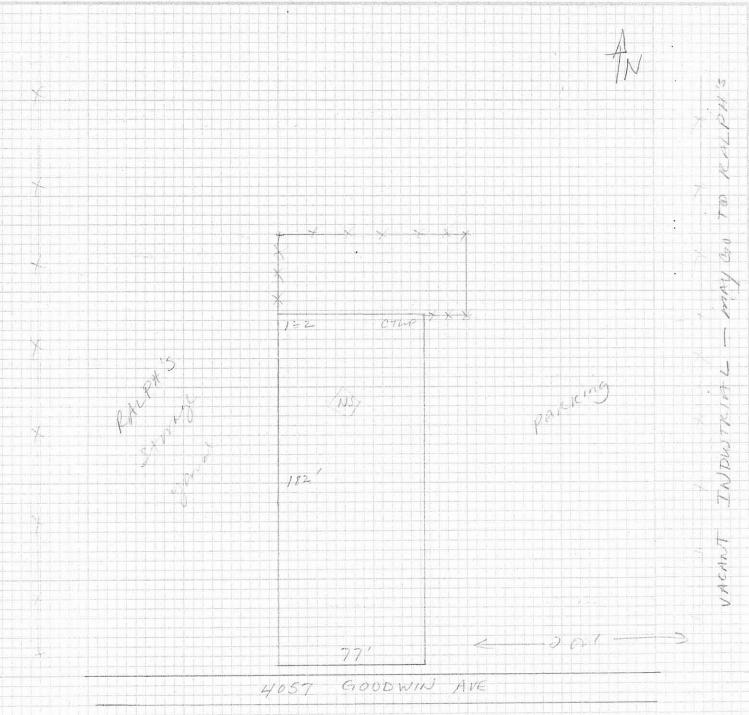
DEC 0 6 1993

LINDA LEE

SAN DIEGO

INDICATE AGE, CONSTRUCTION, OCCUPANCY, FIRE WALLS, FLOOR AND WALL OPENINGS, PRO-

SCALE: Z1" = 50' \(\Pi \) 1" = 100'



CONFIDENTIAL

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Date Taken:

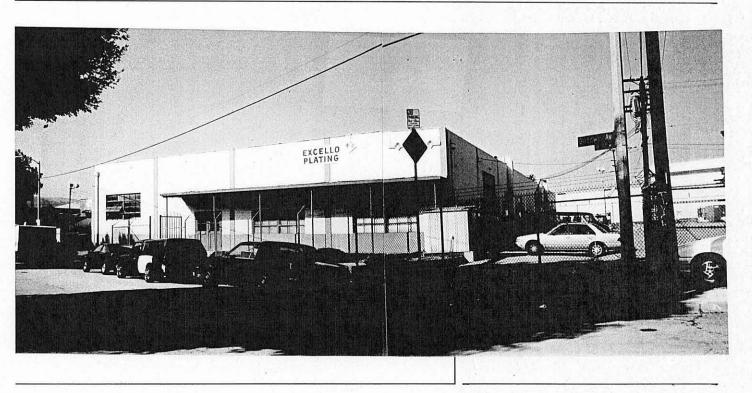
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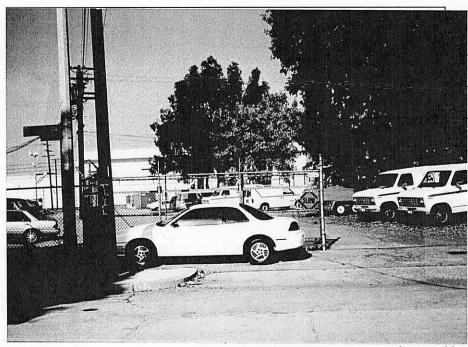
Taken By:

LINDA LEE

cation:

Excello Plating DEC 0 6 1993
cation:
4057 Goodwin ave. LA, CA 90032





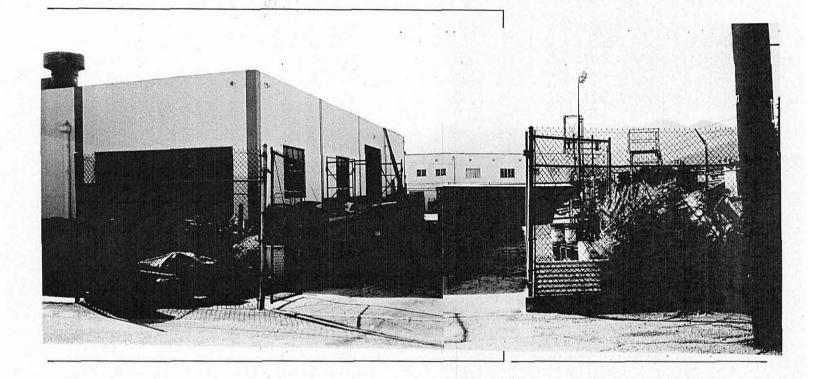
Adjacent parking

PETE TORRES

FIELD WORK PHOTO SHEET

CONFIDENTIAL

Insured: Excello	Date Taken:	Taken By:
Location:		



FIELD WORK PHOTO SHEET

Endorsement Request TO COMPANY

Date: 12/17/93

Name And Address Of Agency Eichberg Associates, Inc. 17750 Sherman Way Suite 200 Reseda, CA 91335

NAME AND ADDRESS OF INSURED Excello Plating Co., Inc. 4057 Goodwin Street Los Angeles, CA 90039

EXCP01

NAME AND ADDRESS OF COMPANY R.E. Lee Intermediaries P.O. Box 9707 Newport Beach, CA 92658

RELEEI Policy Number & Type

Commercial PackageRATENCE UNIT

ATTN: Bud Lee

Effective Date And Time Of Change 11/11/93

(Expiration)

ate And Time Of Change
3 12:00A

PLEASE AMEND NAMED INSURED TO READ: EXCELLO PLATING CO., INC.

PLEASE AMEND NAMED INSURED TO READ: EXCELLO PLATING CO., INC.

PLEASE AMEND NAMED INSURED TO 90039

POLITICAL REAL PROPERTY OF THE PROPERTY OF

RECEIVED IN

DEC 23 1993

JOAN FIEDLER DEC 22 1993

DEANNA PAPAN -

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RECEIVED IN

DEC 27 1993

RECEIVED DEC 2 0 1993

RATING

KRISTINA FUDGE

DEC 2 7 1993

(Authorized Signature)

Julie Vitto

R.E. Lee Intermediaries

EXCESS & SURPLUS LINES OF INSURANCE / PROGRAM & RISK MANAGEMENT

December 21, 1993

Joanie Fiedler Golden Eagle Insurance Co. Post Office Box 85826 San Diego, CA 92186-5826

RE: EXCELLO PLATING COMPANY CCP 255542

Dear Joanie,

Please see enclosed request and process.

Thank you.

Cordially,

Michael Smith

Administrative Asst.

Enclosure

23 Corporate Plaza, Suite 125 Newport Beach, CA 92660 Lloyd's London, Correspondent

Phone: (714) 760-1122 Fax: (714) 760-1180

C	PRITIFICATE OF INSUR	ANCE					11/18/93				
Tu	ucer tton Insurance Serv	ices	NO RI	GHTS UPON THE	CERTIFICATE HOLDE	TER OF INFORMATION R. THIS CERTIFICATE D BY THE POLICIES E	E DOES NOT AMMEND,				
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CO LTR	TYPE OF INSURANCE	POLICY NUMBE	R	POLICY EFF DA'	TE POLICY EXP DATE (mm/dd/yy)	LIM	ITS				
Α	GENERAL LIABILITY [√] Commercial General Liab. []Claims Made [√]Occur [] Owner's & Contractors Protective [] []	CCP255642			IE BAER	Prod-Comp/Ops Agg Pers & Adv Injury Each Occurrence Fire Damage (Any one fire)	\$ 2,000,000 \$ 2,000,000 \$ 1,000,000 \$ 1,000,000 \$ 50,000				
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Gc 31	rdon L. Mountjoy A: 726 Rancho Viejo Ro n Juan Capistrano,	034 ssoc. d., Ste 111	Should expira mail left, liabil	ation date t 10 days wr but failure lity of any kir	above described hereof, the is itten notice to to mail such not d upon the compa	policies be cand suing company wi the certificate ho ice shall impose my, it's agent's or	ll endeavor to older named to the no obligation or				
	QWIK 2-58 (7/90)		Author	rized Represent	ative Alametha	PWIK APP &	ompany, inc				

GOLDEN EAGLE INSURANCE COMPANY P.O. Box 85826 - SAN DIEGO, CA 92186-5826

POLICY NO:

AUTOMATIC ADDITIONAL INSUREDS - CONSTRUCTION CONTRACTS

Effective Date:

(at 12:01 A.M. Standard Time)

Named Insured:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY

The following provision is added to Section II (Who is an Insured).

5. Any person(s) or organization(s) (hereinafter called "Additional Insured") with whom you agree in a written contract to name as an insured is an insured with respect to liability arising out of "Your Work" for the Additional Insured on the project specified in the contract, including acts or omissions of the Additional Insured in connection with the general supervision of "Your Work."

However, the insurance provided to the Additional Insured does not apply to:

- a. "Property damage" to:
 - (1) Property owned, used or occupied by or rented to the Additional Insured;
 - (2) Property in the care, custody, or control of the Additional Insured or over which the Additional Insured is for any purpose exercising physical control.
- b. "Bodily injury," "property damage," or "personal injury" arising out of an architect's, engineer's, or surveyor's rendering of or failure to render any professional services for you, for the Additional Insured, or for others, including:
 - (1) The preparing, approving, or failing to approve maps, drawings, opinions, reports, surveys, change orders, designs, or specifications, and
 - (2) Supervisory, inspection, or engineering services.

These exclusions apply in addition to those contained in the Commercial General Liability Coverage Part.

GE CG 840 (01-93)
Includes copyrighted material of Insurance Services Office, Inc., 1984

DO NOT REMOVE

	RATER DATE:
01 00 -	QUOTE BY:
POLICY NO.:	NEW BUSINESS:
EFFECTIVE DATE: 11-11-93	RENEWAL:
QUOTE:	ISSUE:
850	UNIT LEADER:
GRADE/CLASS	
QUOTE DATE	INITIALS DATE INITIALS
TO NEW BUSINESS IN: OUT: TO UNDERWRITER IN: RECEIVED IN OUT: TO RATING NOV 1 2 1993 IN:	IN:
RATER/RATER NOATING 1-24-93	BARBARA BURDGE
TOTAL POLICY PREM: \$	OUT: NOV 1 8 1993 \$ 4247 PHYLLIS CHEN
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OVER 30 DAYS PAST EFFECTIVE DATE/CAUSE FOR D	

10002R (05-93)

GOLDEN EAGLE INSURANCE COMPANY • UNDERWRITER RENEWAL/ENDORSEMENT CHECKLIST POLICY NUMBER: CCP 255542 11-11-93 EXPIRATION: 11-11-94 EFFECTIVE DATE: _ RENEWAL QUOTE: . RENEWAL ISSUE: ____ RENEWAL CERT.? ____ RENEWAL POLICY? ____ ENDORSEMENT: _ Excello Plate NAMED INSURED: _ TREATY EXCLUSION ADDRESS: REFERRAL **FACULTATIVE REINS** R.E. * CESSION STATEMENT UNDERWRITER: _ ICC/PUC FILING STATEMENT CROSS REFERENCE: _ OF VALUES SPECIAL APPLICATION COMM .: _ LAYOFF RE-INS SHEET * ROUTE TO UNDERWRITING SECRETARY DATE HAZARD CODES: UNDERWRITING DATA: **RATING OPTIONS:** ORDERED AUDIT: FREQUENCY: 11.15.63 PROP LOSS CONTROL SURVEY* EXPERIENCE RATING LINE OF BUSINESS: LINES OF BIZ APPLICABLE: **D&B REPORT*** GL LIABILITY annua PHY. PROD **CURRENT LOSS RUNS** AUTO: DAM. LIAB. **AUTO** MVR'S* SCHEDULE RATING PER FORM(S) ATTACHED CRIME SPRKLER REPORT* OTHER TEST AUDIT? OTHER *INDICATE IF WAIVED COMMENTS: CONTINUE COMMENTS ON REVERSE SIDE UNDERWRITER JOAN FIEDLER **TYPIST APPROVED** PHYLLIS CHEN

REGINA BIBLE

NOV 2 4 1993

Over

DEC 02 1993

PROGRAM: YES \(\square\) NO \(\sqrt{}\)	$ ilde{ t J}$ number of locations: _	1 AUTO U	NIS: NONE
PREMIUM BREAKDOWN:			And the second s
PROPERTY:	2145	GEN. LIAB.:	2102
INLAND MARINE:	c 0	AUTOMOBILE:	NONE
CRIME:		EXCESS:	
GAR. LIAB.:		G.K.L.L.:	
TOTAL PREMIUM:	4247	CIGA: NC	сомм.: 15°16
PREMIUM PAYMENT PLAN:	AT INCEPTION T	3-PAY	
QUARTERLY	6-PAY	8-PAY	
OTHER THAN STANDARD FO	ORMS: - ATTACH COMPLETED	FORM:	
SECTION	FORM NO.	DESCRIPTION OF	FORM
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GL C	62104 Prodi	Sofesd "P-9" Longer open	s Excluded
SPECIAL INSTRUCTIONS:	GLPD ded S	500. perclaum	
COMPOSITE	RATE	RATE:	MINIMUM PREMILIM:

JOAN FIEDLER
HT 20
NOV 1 2 1993

PROPERTY INDIVIDUAL RISK

PREMIUM MODIFICATION PLAN—CALIFORNIA ONLY

PROPERTY	MAXII	NUM)	ACTUAL ALLOWER)
	CREDIT	DEBIT	CREDIT DEBI	DOCTIMENTATION (MITST RE COMPLETED)
A. MANAGEMENT Co-operation in matters of safeguarding and proper handling of property covered	10%	10%	10	Full co operation wi compay Insol has a safety program in effect per app
B. LOCATION Accessibility, congestion and exposures	10%	10%		Lt. undustrial ample parking per ast
C. BUILDING FEATURES Age, condition and unusual structural features	5%	5%	5	Up-graded last
D. PREMISES AND EQUIPMENT Care, condition and type	5%	5%		
E. EMPLOYEES Selection, training, supervision and experience	5%	5%		
F. PROTECTION Not otherwise recognized	5%	5%	5	Local cong (Burgi
MAX NOTES/APPROVALS:	IMUM CC	OTALS:	30°6 CREDIT/DEBIT	FINAL FACTOR:AVAILABLE: 40%
		,		
NOV 12	? 1993			DATE:

GE UND 0032 (08-92) CA

ACORDO COM APPL	ICANT INFOR	RMATIO	N S	EC	TION	College Age	L-UNDERWRITER	DATE (MM/DD	-08-1	L993	
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17750 Sherman Wa		OO POLICIE	S OR PR	OGRAN	N REQUESTED		CO	16731	XUI		
Reseda, CA 9133	AND PRINCIPLE OF STATE						<u></u>	0 6	1		
(81.8) 996-9444	FAX 881-9535				SECTIONS ATTACHED		In In	V 101			
R.E.Lee Int	remediaries	** ***********************************	POPERTY . LASS & SIG				IMERCIAL ERAL LIABII INESS AUT(1	0	
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			RANSPORT	000000000		WOF	RKERS COMI		*****************	0000000000	
TATUS OF SUBMISSION		KAGE POLICY	000000000000000000000000000000000000000	**********	R. C.						
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GENERAL INFORMATION											
EXPLAIN ALL "YES" RESPONSES			Yes	No 4	EXPLAIN ALL "YES"	RESPONSES	S			Yes N	
1 Is the applicant a subsidiary of	f another entity or does		-		Any catastrophe ex						
the applicant have any subsidi-	aries?				Any other insurance	e with this	company or being s	submitted?		İ	
2 Is a formal safety program in o			X		Any policy or cove non-renewed during						
REMARKS	explosives, chemicals?			X :	:non-renewed duning	, the phor	3 years:		i		
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DELIVE WATER CONT.	G746						1	0	>		
APPLICANT'S SIGNATURE					PRODUCER'S SIGNATURE		Ulul	1/1/1	THE	1000 Tex 174	
: ACORD 125-S (7/88)		PLEASE	COMPL	ETE	REVERSE SIDE	C	TRANGI	CORD COR	PERATIO	N 198	

	INFORMA	HUN				errore/st/account			
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ACCORID.

COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YY)

10-08-1993

AUDIT

PRODUCER

Eichberg Associates, Inc. 17750 Sherman Way - Suite #200 Reseda, CA 91335-3390 (818) 996-9444 FAX 881-9535 APPLICANT (first Named Insured)

EXCELLO PLATING COMPANY

PROPOSED EFF. DATE PROPOSED EXP. DATE

BILLING PLAN AGENCY PAYMENT PLAN

11/11/93 FOR COMPANY USE ONLY 11/11/94

X DIRECT

RECT

COVERAGES			LIMITS				
COMMERCIAL GENERAL LIABILITY			GENERAL AGGREGATE	\$	1,000,000	PREMIUMS	
CLAIMS MADE			PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$	Excluded	PREMISES/OPERATIONS	
OWNER'S & CONTRACTORS PROTECTIVE			PERSONAL & ADVERTISING INJURY	\$ (1,000,000		
			EACH OCCURRENCE	\$	1,000,000		
DEDUCTIBLES			FIRE DAMAGE (ANY ONE FIRE)	\$	50,000	PRODUCTS	
PROFERTY DAMAGE 500			MEDICAL EXPENSE (ANY ONE PERSON)	\$	5,000		
	,	PER CLAIM					
	\$	OCCURRENCE				OTHER	
THER COVERAGES, RESTRICT	IONS, AND/OR EN	DORSEMENTS		**************			
						TOTAL	

С	CLASSIFICATION		CLASS CODE	PREMIUM BASIS		RATE	PREA	MIUM
			CODE	BASIS	TERR.	PREMOPS PRODUCTS	PREM/OPS	PRODUCTS
1 ELEC	TROPLATING		52547	(s) GROSS SALES (p) PAYROLL (a) AREA (c) TOTAL COST (i) OTHER 600,000 S		(s) per \$1,000 (p) per \$1,000/day (a) per 1,000 sq. ft. (c) per \$1,000/cost (l) per unit		-
<i>I</i> .							N. A.	

PROPOSED RETROACTIVE DATE:				HAS THIS RISH	OR ANY LOC	ATION NOT QUALIFIED F	OR				
ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:			1	TRANSITION?					YES NO		
HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED, OR SELF-INSURED	YES	NO		IF THIS RISK QUALIFIES FOR TRANSITION, INDICATE THE YEAR IT							
FROM ANY PREVIOUS COVERAGE?			2	FIRST QUALIFI	ED:	AND:					
WAS TAIL COVERAGE PURCHASED UNDER ANY			LOC	NEW CLASS	PREV. BASE	PREVIOUS EXPOSURE		APPLICABLE CO	OVERAGE		
PREVIOUS POLICY?								PREMISES	PRODUCTS		
DMMENTS		.,						PREMISES	PRODUCTS		
								PREMISES	PRODUCTS		
								PREMISES	PRODUCTS		
					construction is all the control			PREMISES	PRODUCTS		
				,				PREMISES	PRODUCTS		

cc	NTRACTORS									
1	EXPLAIN ALL "YES" RESPONSES			YES	NO	그 가게 나타보다 내용하는 사람들이 하시하는 때 내용하다		ART TIME STAFF:		//////////////////////////////////////
1	(For Any Past Or Present Operations) DOES APPLICANT DRAW PLANS, DESIGNATION OF THE PROPERTY O	SNS OR SPECIFICATIONS?				DESCRIBE THE TYPE OF Y	ORK & PERCENT	SUBCONTRACTED:		
2	DO ANY OPERATIONS INCLUDE BLAST EXPLOSIVE MATERIAL?									1
3	DO ANY OPERATIONS INCLUDE EXCAV UNDERGROUND WORK OR EARTH MO	ATION, TUNNELING, /ING?					CONF	ENTIAL		
4	DO YOUR SUBCONTRACTORS CARRY (LESS THAN YOURS?	COVERAGES OR LIMITS								
5	ARE CERTIFICATES OF INSURANCE RE	QUIRED FROM SUBCONTRAC	CTORS?							
6	DOES APPLICANT LEASE EQUIPMENT TOPERATORS	TO OTHERS WITH OR WITHO	DUT							
REA	MARKS			.i		<u></u>				
PR	ODUCTS/COMPLETED OPERATIONS	S				<u> </u>				
	PRODUCTS ANNUAL GRO	SS SALES # OF UNITS	TII MA	ME IN	EXPE	TED INTENDED USE	P	RINCIPAL COMPONENTS		******
									Y.	
									Georgia.	
								4		
(Foed										
#	EXPLAIN ALL "YES" RESPONSES (For any page 1)	ast or present product or operation) YES	NO		EXPLAIN ALL "YES" RESPON	SES (For any past	or present product or operation)	YES	NC
	DOES APPLICANT INSTALL, SERVICE OR I		•		6	PRODUCTS RECALLED, DI	SCONTINUED, (CHANGED?		
	FOREIGN PRODUCTS SOLD, DISTRIBUTE RESEARCH AND DEVELOPMENT CONDU	••••••		ļ	7	PRODUCTS OF OTHERS S APPLICANT LABEL?	OLD OR RE-PAC	CKAGED UNDER		
3	PRODUCTS PLANNED?				8	PRODUCTS UNDER LABEL	OF OTHERS?			
******	GUARANTEES, WARRANTIES, HOLD HAF PRODUCTS RELATED TO AIRCRAFT/SPA			ļ,		VENDORS COVERAGE REC				
	ASE ATTACH LITERATURE, BROCHURES, LAB			i	10:	DOES ANY NAMED INSUR	ED SELL 10 01	HEH NAMED INSUREDS?		.i
4						The same of the same				
ΔΕ	DITIONAL INTEREST/CERTIFICATE	RECIPIENTS								
		ME & ADDRESS (INCLUDE LOAN	N NUMBER	FOR I	MORTG	AGEES)		INTEREST		CERT
1	SPIRITO FAMILY TRUST	829 NORUMBEGA DI	RIVE			MONROVIA	CA	LANDLORD		х
	91616	ATTN: ALICE CALN	10							

	and the second s								********	
000000	NERAL INFORMATION									
	EXPLAIN ALL "YES" RESPONSES (For All Past Or Present Operations:)		YES	NO		ANY PARKING FACILITIES			YES	NC X
	ANY MEDICAL FACILITIES PROVIDED O	R DOCTORS		х	8	IS A FEE CHARGED FOR				X
	EMPLOYED/CONTRACTED?		<u></u>		RECREATION FACILITIES I				3	
	ANY EXPOSURE TO RADIOACTIVE/NUCI DO OPERATIONS INVOLVE STORING, T				IS THERE A SWIMMING P SPORTING OR SOCIAL EV				X	
3	APPLYING, DISPOSING, OR TRANSPORT MATERIAL? (e.g. landfills, wastes, fuel ta			x	12	ANY STRUCTURAL ALTERA	ATIONS CONTEN	MPLATED?		2
4	ANY OPERATIONS SOLD, ACQUIRED, CLAST 5 YEARS?	R DISCONTINUED IN		v	13	ANY DEMOLITION EXPOSI	JRE CONTEMPL	ATED?		Σ
5	MACHINERY OR EQUIPMENT LOANED	OR RENTED TO OTHERS?		X						
6	ANY WATERCRAFT, DOCKS, FLOATS O			X						
RE	MARKS									

ATTACH TO APPLICANT INFORMATION SECTION

ACORD 126-S (3/88)

ACORD 140-S (7/88)

ACORD. PROPERTY SECTION

DATE (MM/DD/YY)

10-08-1993

PRODUCER

Eichberg Associates, Inc. 17750 Sherman Way - Suite #200 Reseda, CA 91335-3390 (818) 996-9444 FAX 881-9535

APPLICANT (first Named Insured)

EXCELLO PLATING COMPANY

AGENCY	test for overtelled and
11/11/93 11/11/94 X DIRECT	

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TIC	ONAL COVERAGES, RESTRICTION	IS, ENDORSEME	NTS AND	RATING IN	FORMATION								
is	RUCTION TYPE		PROT. CL	# STORIE	S # BASM'TS	YR. BUILT	TOTAL A	AREA	OTHER O	CCUPANCIE	S		·i
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	NG IMPROVEMENTS	PLUMBIN	*************		!		·Å	,,000	-				
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×.	ROOFING,YR: EXPOSURE & DISTANCE	OTHER		EET EVO	SURE AND DI	CTANCE			DEAD EVEN	CURE + D	ICTA NOT		
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E	ROTECTION (Sprinklers, Standpipe	s,CO ₂ /Halon Syst	lems)		W T		FIRE ALAI		4.				CENTRAL STATION
E	PROTECTION (Sprinklers, Standpipe SUBJECT OF INSURANCE		lems)	COINS %	VALUATION	CAUSES O			DEDUCTIBLE		FORM AND	COND	
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E				COINS %	VALUATION				4.		FORM AND	COND	LOCAL GONG
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D.	SUBJECT OF INSURANCE	AMC	DUNT	RATING IN	FORMATION	CAUSES O	DF LOSS	INFLATION GUARD %	DEDUCTIBLE			COND	LOCAL GONG
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OO.	SUBJECT OF INSURANCE WONAL COVERAGES, RESTRICTION TRUCTION TYPE ING IMPROVEMENTS WIRING, YR: ROOFING, YR: EXPOSURE & DISTANCE LAR ALARM TYPE LAR ALARM INSTALLED AND SEI	PLUMBIN HEATING OTHER	PROT. CL	RATING IN	FORMATION ES # BASMTS DSURE AND D	CAUSES O	TOTAL A	INFLATION GUARD %	OTHER O	CCUPANCII SURE & D	ES STANCE GRADE	COND	CENTRAL STATION
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PREMISES INFORMATION											
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ADDITIONAL COVERAGES, RESTRICTION	S, ENDORSEMENTS AND	RATING INFO	RMATION								
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CONSTRUCTION TYPE	PROT. CI	L # STORIES	# BASM'TS	YR. BUILT	TOTAL A	HEA	OTHER OC	CUPANCI	:\$		
	NUMBER VE		İ	.i							
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ROOFING,YR:	OTHER				• •						in the first wind.
RIGHT EXPOSURE & DISTANCE		LEFT EXPOS	URE AND DI	STANCE		,	REAR EXPO	SURE & D	STANCE		
BURGLAR ALARM TYPE		CERTIFICATE	#		EXPIRATIO	N DATE		EXTENT	GRADE		CENTRAL STATION
								* OUARDO	AWA TOURIEN		WITH KEYS
BURGLAR ALARM INSTALLED AND SER	WICED BY							# GUANDS	WATCHMEN	.,,	CLOCK HOURLY
FIRE PROTECTION (Sprinklers, Standpipes	s CO. Hakon Systems)				FIRE ALAF	RM MANUFAC	TURER				CENTRAL STATION
THE PROTECTION (opinions, dianoppe.	3,002/1/2011 0/3/2011/3/										LOCAL GONG
VALUE REPORTING INFORMA	TION										
REPORTING FORM: PROVIDE AVERAGE VA	LUES FOR THE PAST 12	MONTHS				THER LOCA- DECLARED	ANY OTHER	LOCA-	PREMISES	NOT C	WNED OR ACQUIRED
SUBJECT OF INSURANCE	PREMISE 1	PREMISE 2	PR	REMISE 3		CEPTION	AFTER INCE	PTION	PREMISE LIN	nr.	AGGREGATE
							and the factor				Shirtle As See
OTHER				*******************							i
ADDITIONAL INTERESTS											
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REMARKS											
(Include Information On Participating Carrie	ars)										
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EXCESS & SURPLUS LINES OF INSURANCE/ PROGRAM & RISK MANAGEMENT

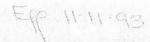
DATE: NOV	ember 9, 1993
NAME: Mr.	Pete Torres
Gold	den Eagle Insurance COMPANY
RE: EXC	Pete Torres den Eagle Insurance COMPANY ELLO PLATING CO, INC. EFF: 11-11-93
Number of	FAX Pages (including cover page): 1
Please ad Thank You COMMENTS:	0CP 167217
Ple	ase bind coverage for the above account effective
. 11-	11-93 per your quote of 10-29-93.
Ple	ease confirm with a policy Number.
Regards,	Burs
R.E. Lee	President

MS, CPCU, CLU, ChFC

NOTE: SL-2 & D-1 MUST BE COMPLETED IMMEDIATELY UPON PLACING BUSINESS WITH A NON-ADMITTED INSURER. FORMS WITH ORIGINAL SIGNATURE, IN BLUE INK, TO US VIA U.S. MAIL WITHIN 10 DAYS OF EFFECTIVE DATE OF POLICY.



23 Corporate Plaza, Suite 125 Newport Beach, CA 92660 Phone: (714) 760-1122 • Fax (714) 760-1180



DATE:



DATE: 1029 92

CONFIDENTIAL

GOLDEN EAGLE INSURANCE COMPANY

7175 Navajo Road • San Diego, California 92119-1642 • (619) 463-5800 Mailing Address: P.O. Box 85826 • San Diego, California 92186-5826 FAX: (619) 460-8860

the state of the s			
TO: RELDET	Intermediction		
SON BOR			
RE: Exce POLICY NO: CCP) EFFECTIVE: (1-1)	ello Podin Co.		
This account, which In order to enhance	n has been profitable	e to all of us, will are prepared to offer	be renewing soon. er renewal, based
PROPERTY:	\$ 2145	COMM'L AUTO:	SNONE
INLAND MARINE:	\$	EXCESS LIABILITY:	\$
CRIME:	S	TOTAL:	\$ 4247
GENERAL LIABILITY:	\$ 7102	CIGA (If applicable	9)\$
May we have your in	nstructions to issue	this renewal?	
Very truly yours,	ANCE COMPANY	SPECIAL EXCL	JSION
GOLDEN EAGLE INSUR		THIS QUOTE EXCLUDES C WRONGFUL TERMINATI HARRASSMENT, ETC. BY E	OVERAGE FOR ON, SEXUAL
Commercial Lines U	nderwriting	And the second s	i de la composition della comp
		Bud Remou	credoorey
TO: GOLDEN EAGLE	GL PD del	PER YOUR ON A GL PD d	PP 10-8-93
POLICY NO:	- Perclan	claim w	in apply
NAMED INSURED:	- 1		3
Please issue renew	a	NO	
If no, please tell			

UW LOSS EXPERIENCE AS OF 10/14/93 AT 1:45:43 PM BY LSF

POLICY: CCP-167312-00 EFF DATE: 11-19-91 FORM: CMP

INSURED: EXCELLO PLATING COMPANY EXP DATE: 11-19-92 CLASS: 3471

POLICY DATE: 10-93 CLAIM DATE: 10-93

EXECUTIVE SUMMARY

POLICY INFORMATION

ESTIMATED PREMIUM	0.00
BILLED PREMIUM	4,161.00
UNEARNED PREMIUM	0.00
EARNED PREMIUM	4,161.00
INCURRED LOSSES	0.00
LOSS RATIO INCURRED LOSSES EARNED PREMIUM	0%

TOTAL PAID TO DATE AND RESERVES

LOSSES PAID		0.00
EXPENSES PAID	+ <u> </u>	0.00
TOTAL PAID		0.00
RESERVES	+	0.00
INCURRED LOSSES		0.00

LOSSES FOR THE PERIOD

		TOTAL
		TO DATE
OPEN SUFFIXES		0
CLOSED SUFFIXES		0

PRODUCER'S NAME & ADDRESS GRAY-STONE & COMPANY P.O. BOX 889 WOODLAND HILLS CA 91365 (818) 593-3333

GOLDEN EAGLE INSURANCE [P/C]

PAGE

UW LOSS EXPERIENCE AS OF 10/14/93 AT 1:45:43 PM BY LSF

*** SUMMARY OF ALL SELECTED POLICIES ***

POLICY DATE: 10-93

CLAIM DATE: 10-93

EXECUTIVE SUMMARY

POLICY INFORMATION

ESTIMATED PREMIUM	0.00
BILLED PREMIUM	4,161.00
UNEARNED PREMIUM	0.00
EARNED PREMIUM	
	4,161.00
INCURRED LOSSES	0.00
LOSS RATIO INCURRED LOSSES EARNED PREMIUM	0%
TOTAL PAID TO DATE AND	RESERVES

LOSSES PAID		0.00
EXPENSES PAID	+	0.00
TOTAL PAID		0.00
RESERVES	+	0.00
INCURRED LOSSES		0.00

LOSSES FOR THE PERIOD

	TOTAL
	TO DATE
OPEN SUFFIXES	0
CLOSED SUFFIXES	0

UNDRWR02 GOLDEN EAGLE INSURANCE [P/C]

PAGE 2

UW LOSS EXPERIENCE AS OF 10/14/93 AT 1:45:43 PM BY LSF

*** SUMMARY OF ALL SELECTED POLICIES ***

LINE LINE DESC COV COVERAGE DESC

TOTAL TOTAL TOTAL PAID RESERVES INCURRED

FINAL TOTALS

UNDRWR02

GOLDEN EAGLE INSURANCE [P/C]

UW LOSS EXPERIENCE AS OF 10/14/93 AT 1:45:43 PM BY LSF

*** POLICIES SELECTED FOR THIS RUN ***

CCP-167312-00

DATE:



DATE:

or min a rad ma an

GOLDEN EAGLE INSURANCE COMPANY

OCT 29 1993

7175 Navajo Road • San Diego, California 92119-1642 • (619) 463-5800 Mailing Address: P.O. Box 85826 • San Diego, California 92186-5826 FAX: (619) 460-8860

10: R.E. Lee J	Enternegation		
ATTN: Bud Lee			
RE: Exce! POLICY NO: CCP 16 EFFECTIVE: (1-1)		e to all of us, will	be renewing soon.
In order to enhance	processing time we ur file, as follows:	are prepared to off	er renewal, based
PROPERTY:	\$ 2145	COMM'L AUTO:	\$ NONE
INLAND MARINE:	\$	EXCESS LIABILITY:	\$
CRIME:	\$	TOTAL:	\$ 4247
GENERAL LIABILITY:	\$ 2102	CIGA (If applicabl	e)\$
Please note the praising of th	in exposure or loss	subject to adjustments ratio. SPECIAL EXCL THIS QUOTE EXCLUDES COMMONGFUL TERMINATION	USION COVERAGE FOR ION, SEXUAL
Commercial Lines Ur	saler derwriting	HARRASSMENT, ETC. BY E	
		Bud Renew	ar gooted
TO: GOLDEN EAGLE I	INSURANCE COMPANY	Per your a A GL PD &	PP 10-8-93.
NAMED INSURED:			<u> </u>
Please issue renewa	al: YES	NO	
If no, please tell	us why:		

SIGNATURE:

RECEIVED OCT 2 0 1993



GOLDEN EAGLE INSURANCE COMPANY

7175 Navajo Road • San Diego, California 92119-1642 • (619) 463-5800 Mailing Address: P.O. Box 85826 • San Dicgo, California 92186-5826 FAX: (619) 460-8860

DATE: OCTOBER 19, 1993

R. E. LEE INTERMEDIARIES (2858) 23 CORPORATE PLAZA, SUITE 125 NEWPORT BEACH, CA 92660

INSURED:

EXCELLO PLATING COMPANY

COMPANY: GOLDEN EAGLE INSURANCE COMPANY

POLICY NO.;

CCP 16 73 12 - 01

DATE OF APPOINTMENT: INSURED'S LETTER DATED: OCTOBER 7, 1993

Dour SIR:

This will acknowledge the letter appointing you as Broker of Record.

The original producer in accordance with our policy has been given ten (10) days to furnish a countermanding Broker of Record letter.

Attached is a copy of "Broker of Record Letter Procedures" which Golden Hagle Insurance Company will follow in this Broker of Record transaction.

If you have any questions about this procedure, please call.

Yours very truly,

DEBURTTING DEPARTMENT

ACCEPTED:

ATTACHMENT: Broker of Record Letter Procedures

CI: UND 0058 (08-80)





7175 Navajo Road • San Diego, California 92119-1642 • (619) 463-5800 Mailing Address: P.O. Box 85826 • San Diego, California 92186-5826 FAX: (619) 460-8860

DATE: OCTOBER 19, 1993

R. E. LEE INTERMEDIARIES (2858) 23 CORPORATE PLAZA, SUITE 125 NEWPORT BEACH, CA 92660

INSURED:

EXCELLO PLATING COMPANY

COMPANY: GOLDEN EAGLE INSURANCE COMPANY

POLICY NO.: CCP 16 73 12 - 01

DATE OF APPOINTMENT: INSURED'S LETTER DATED: OCTOBER 7, 1993

Dear SIR:

This will acknowledge the letter appointing you as Broker of Record.

The original producer in accordance with our policy has been given ten (10) days to furnish a countermanding Broker of Record letter.

Attached is a copy of "Broker of Record Letter Procedures" which Golden Eagle Insurance Company will follow in this Broker of Record transaction.

If you have any questions about this procedure, please call.

Yours very truly,

JOAN FIEDLER

UNDERWRITING DEPARTMENT

ACCEPTED: _____

ATTACHMENT: Broker of Record Letter Procedures



7175 Navajo Road • San Diego, California 92119-1642 • (619) 463-5800 Mailing Address: P.O. Box 85826 • San Diego, California 92186-5826 FAX: (619) 460-8860

DATE: OCTOBER 19, 1993

GRAY-STONE & COMPANY (2912) P. O. BOX 889 WOODLAND HILLS, CA 91365
INSURED: EXCELLO PLATING COMPANY
COMPANY: GOLDEN EAGLE INSURANCE COMPANY
POLICY NO.: CCP 16 73 12 - 01
DATE OF APPOINTMENT: INSURED'S LETTER DATED: OCTOBER 7, 1993
생산물 사람들 경우 사람들은 사람들이 되었다. 그 나는 그리고 나는 것이 되었다.
Dear SIR:
We are in receipt of a letter dated OCTOBER 7, 1993 and signed by the insured designating a Broker of Record in the policy listed above.
Attached is a copy of the "Broker of Record Letter Procedures" which Golden Eagle Insurance Company will follow in the Broker of Record transaction.
If you can furnish us with a countermanding Broker of Record letter within ten (10) days, we will so notify the other producer.
Yours very truly,
JOAN FIEDLER UNDERWRITING DEPARTMENT
ACCEPTED:

ATTACHMENT: Broker of Record Letter Procedures





7175 Navajo Road • San Diego, California 92119-1642 • (619) 463-5800 Mailing Address: P.O. Box 85826 • San Diego, California 92186-5826 FAX: (619) 460-8860

Premium Payment Status Request

Date: 10-18-93
To: Collections/Accounts Receivable
From: Laura traiger
Department: Underwriting
Insured: Excello Plating Company
Policy Number: (CP/673/2-0/
Producer Name: Gray-Stone & Company
Producer Number: 2912
Please advise the status of premium payments for this insured:
All premium billed has been paid
Unpaid premium in the amount of \$
KIMBERLY WHINNERY
By: 0CT 19 RECTO Date: 10 (19/9)
Collection Accounts Rec.

R.E. Lee Intermeularies

October 11, 1993

GOLDEN FAGIL

Joanie Fiedler

Golden Eagle Insurance Core Care Care 92186-5826

RE: EXCELLO PLATING CO., INC.

> CCP 167312-01 EFF: 11-11-93

Dear Joanie,

We have been asked to quote the renewal. B of R enclosed.

Thank you. Cordially, R.E. Lee, MS, CPCU, CLU, ChFC (President

RED FILE REL/mas ATTACH Enclosurepull SEARCH RETURN

23 Corporate Plaza, Suite 125 Newport Beach, CA 92660 Lloyd's London, Correspondent

Phone: (714) 760-1122

Fax: (714) 760-1180



COMPRESSION

4057 Goodwin Avenue

Los Angeles, California 90039

(213) 245-3626

Re: Commercial Package Policy Renewal

You are hereby requested to accept this letter as Exclusive Broker and/or Agent authority covering the above captioned, and to renew, adjust and/or service only with and in accordance with the instructions or requests hereinafter give you by R.E. Lee Intermediaries subsidiaries, nominees or assigns who are hereby appointed as Brokers and/or Agents of Record.

This authorization is to remain in full force and offset until revoked in writing by undersigned.

Men Vailenau 10/7/93 Signature

LAURA FRAIZER

OCT 19 1993

GOLDEN EAGLE INSURANCE COMPA. / CONFIDENTIAL PREMIUM WORKSHEET

INSURED Lycel	lo Place	ting Co.	EFFECTIVE D	DATE:	11-1	1-43	
NEW BUSINĘSŞ:	RENEWAL	. 00	POLICY NO.	CCI	0/67	13/2-0	0/
AGENT: Fray POLICY LOSS RATIO: POLICY	Stone	URRENT YEAR	AGENCY CUI	RRENT LO	SS RATIO:		
CUMULATIVE L/R:	O YEARS	_ K					
		ANNUAL F Last Year	PREMIUMS	F	Recommer	766, nded This Yea	
PROPERTY	2003		3064.			21	45
GENERAL LIABILITY	2158.		2102			210	2.
INLAND MARINE							
CRIME							
AUTOMOBILE							
TOTAL	s4161.		5166.	\$		42	47
		EXPOSURE	CHANGES				
PROPERTY: (Only if excess							
AUTOMOBILES:							
Note: GL changes in payr	oli or receipts. Au						
PACKAGE	PROP	GL AL	APHYD	GAR	IM	CRIME	OTHER
EXPERIENCE SCHEDULE	,70	NE					
DEVIATION COMM. REDUCTION							
FINAL RMF	. 531.	75					
Electro 2 yrs	plates of	reg 5 LA.	600,0	W.			
							<u> </u>
UNDERWRITER: LINDAN	MALLINSON		UNIT LEADE	R APPROV	AL:		
DATE:	YM.		DATE:		KATA	SUBLETT	¥
32	9 8 0 1993 .				SEP	3 0 1993	

DO NOT REMOVE

<u></u>	O NOT REMOVE
FILE NO.:	RATER DATE:
0 01 00	QUOTE BY:
NAMED INSURED: EYCELLO PL	eling Company
POLICY NO .: CCF 167312-01	NEW BUSINESS!
EFFECTIVE DATE: 11-93	RENEWAL:
QUOTE:	ISSUE:
	UNIT LEADER:
	SALES:
GRADE/CLASS QI	JOTE ISSUE INITIALS DATE INITIALS
TO NEW BUSINESS IN:	
TO UNDERWRITER RECEIVED IN OUT: SEP 2 19 TO RATING SEP 0 3 1993 IN:	OUT:
TOTAL POLICY PREM: \$ 5164	SEP 28 1993 \$
	Q/C—IN Q/C—OUT
	TO DATA ENTRY: IN:
	OUT:
	TO POLICY TYPING: IN:
	TYPIST—OUT COLLATOR—OUT
OVER 30 DAYS PAST EFFECTIVE DATE/CAUS	
OVER 30 DATS PAST EFT LOTIVE DATE/OAGC	

GOLI NEAGLE INSURANCE C //PANY

	DATE:	FORKTIAL		
□ NEW BUSINESS QUOTATION (Valid for 30 days. Coverage is not bound.)	☐ RENEWAL QUOTATION (Valid until renewal expiration date.)			
TO:	POLICY NO.:			
CITY/STATE:	FAX NO.:			
ATTN:				
WE HAVE PREPARED THE FOLLOWING PREMIUM QUOTATION FOR	YOU. ALL PREMIL	JMS ARE ANNUAL		
UNLESS INDICATED. AUTO— GENERAL INLAND GARAGE* CRIME LIABILITY* MARINE		ANNUAL PREMIUM		
\$\$ \$\$ # OF AUTOS	\$COMM.	\$		
EXCESS LIABILITY POLICY* \$ PER OCCURRENCE. (FOLLOW FORM) \$ ANNUAL AGGREGATE.	ANNUAL PREMIUM \$	COMM		
*MAY BE SUBJECT TO AUDIT. ALL COVERAGES, LIMITS AND DEDUCTIBLES ARE AS PER YOUR EXCEPTIONS:	APPLICATION WITH	THE FOLLOWING		
DEDUCTIBLES:				
AUTO—GARAGE				
CRIME		X		
GEN. LIAB.				
☐ INLAND MARINE				
PROPERTY				
COVERAGES:				
AUTO-GARAGE				
CRIME		V V		
GEN. LIAB.				
☐ INLAND MARINE				
PROPERTY				
EXCESS LIABILITY				
COMMENTS:		×		
The there is given the		<u> </u>		

PROVIDING GOOD SERVICE TO OUR PRODUCERS IS THE KEY TO BUILDING STRONG BUSINESS RELATIONSHIPS. GOLDEN EAGLE'S DEFINITION OF "GOOD SERVICE" INCLUDES PROVIDING COMPETITIVE QUOTATIONS. IF THIS QUOTE DOES NOT ALLOW YOU AND GOLDEN EAGLE TO WRITE THE ACCOUNT—CALL US NOW..

SINCERELY,

UNDERWRITER GE UND 0022 (07-93)

GOLDEN EA	GLE INSURANCE JOMPANY •	UNDERWRITER RENE	ENDORSEMENT CHEC	CKLIST
POLICY NUMBER: _ RENEWAL QUOTE: _ RENEWAL ISSUE: _ ENDORSEMENT: _		RENEWAL POLICY?	CONFIDENT	YES N
NAMED INSURED: _ ADDRESS: PRODUCER: UNDERWRITER: CROSS REFERENC OTHER INFORMATI	Bray Stong E: ON:	ling Co.	TREATY EXCLUSION REFERRAL FACULTATIVE REINS * CESSION STATEMENT ICC/PUC FILING STATEMENT OF VALUES SPECIAL APPLICATION LAYOFF RE-INS SHEET * ROUTE TO UNDERWRITING SECRETAR	
HAZARD CODES: PROP GL PROD AUTO CRIME COMMENTS:	UNDERWRITING DATA: LOSS CONTROL SURVEY* D&B REPORT* CURRENT LOSS RUNS MVR'S* SPRKLER REPORT* OTHER *INDICATE IF WAIVED **INDICATE IF WAIVED DATE ORDERED ORD	EXPERIENCE RATING LINES OF BIZ APPLICABLE: LIABILITY PHY. AUTO: DAM. LIAB. SCHEDULE RATING PER FORM(S) ATTACHED OTHER AH Applicate		FREQUENC
UNDERWRITER LINDA MALLI: 13 LINDA 13 SEP 2 199 SEP 2 199	SON BAF	RATER RBAGA BURDGE SEP 28 1993	CONTINUE COMMENTS ON TYPIST	REVERSE SIC

CE 1180 0049 /11 000

1

UW LOSS EXPERIENCE AS OF 08/31/93 AT 10:29:39 AM BY LSF

POLICY: CCP-167312-01

EFF DATE: 11-11-92 FORM: CMP

INSURED: EXCELLO PLATING COMPANY

EXP DATE: 11-11-93 CLASS: 3471

POLICY DATE: 09-93

CLAIM DATE: 09-93

EXECUTIVE SUMMARY

POLICY INFORMATION

ESTIMATED PREMIUM				0.00
BILLED PREMIUM	4			4,161.00
UNEARNED PREMIUM		3		520.13
EARNED PREMIUM				3,640.87
INCURRED LOSSES				0.00
LOSS RATIO INCURRED LOSSES EARNED PREMIUM				0%
$m \circ m \circ T = T$	7 TT	mo Dam	D AND DUGDI	TTIC

TOTAL PAID TO DATE AND RESERVES

LOSSES PAID		0.00
EXPENSES PAID	+	0.00
TOTAL PAID		0.00
RESERVES	+	0.00
INCURRED LOSSES		0.00

LOSSES FOR THE PERIOD

[12] [14] [14] [14] [14] [14] [14] [14] [14	TOTAL
ODEN GUEETVEG	TO DATE.
OPEN SUFFIXES	U
CLOSED SUFFIXES	0

PRODUCER'S NAME & ADDRESS GRAY-STONE & COMPANY P.O. BOX 889 WOODLAND HILLS CA 91365 (818) 593-3333

UW LOSS EXPERIENCE AS OF 08/31/93 AT 10:29:39 AM BY LSF

POLICY: CCP-167312-00

EFF DATE: 11-19-91 FORM: CMP

INSURED: EXCELLO PLATING COMPANY

EXP DATE: 11-19-92 CLASS: 3471

CONFIDENTIAL

POLICY DATE: 09-93

CLAIM DATE: 09-93

EXECUTIVE SUMMARY

POLICY INFORMATION

ESTIMATED PREMIUM		0	.00
BILLED PREMIUM		4,161	.00
UNEARNED PREMIUM		0	.00
EARNED PREMIUM		4,161	.00
INCURRED LOSSES		0	.00
LOSS RATIO INCURRED LOSSES EARNED PREMIUM			0%

TOTAL PAID TO DATE AND RESERVES

LOSSES PAID		0.00
EXPENSES PAID	+	0.00
TOTAL PAID		0.00
RESERVES	+	0.00
INCURRED LOSSES		0.00

LOSSES FOR THE PERIOD

	TOTAL
	TO DATE
OPEN SUFFIXES	0
CLOSED SUFFIXES	0

PRODUCER'S NAME & ADDRESS GRAY-STONE & COMPANY P.O. BOX 889 WOODLAND HILLS CA 91365 (818) 593-3333

CONFRENTAL

BARBARA BURDGE SEP 28 1993 AP

SUMMARY: RATER: NAME/#	SEP 28 1993 W		UCS QUOTE	# L178-951
U/W NAME/#	Jack Cloward		EAGLERATE	#- 1673120-00
	POLICY	SUMMARY		# COP 67312-00
COVERAGE .	PREMIUM	MOD	MOD. PREM.	COMMENTS:
PROPERTY	3064	.70	2045	charged for AI
LIABILITY	2102			
INLAND MARINE			n n	
CRIME				
AUTOMOBILE	11.1.1.1			
GARAGE				
TOTAL PREMIUM	5166			Bar ar
RATING INFORMA	ATION:			
PACKAGE MOD:	<u>IP</u>	EXPERIEN	NCE RATED:	AUTO, GL.
PROPERTY LOCATION #	BLDG #			
PC 7 DIST	TERR 6	20 con	VST_Z	GRP II SYM
CSP CODE (28	RATE G	RP/CLASS	LIMIT	
GENERAL LIABII CLASS CODE:		RITORY:	OTHER GL CO	VERAGES:
52547	5)600,000 C	03		To a very
INLAND MARINE COVERAGE:	LIMIT:	F	RATE:	PREMIUM:
02/08/93				Charles Transfer of the State o